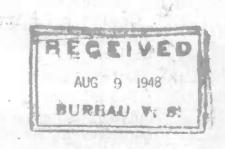
2411 N. Charles St., Baltimore

08600

		TE OF DEATH	Reg. Dist. No. 302
1. PLACE OF DEATH Washing to County. Hagerstown City or town. (If outside city or town limits, How long in above place of death? 32 Hospital, Insillution, or sirgel address where death Hagerstown	write RURAL and give nearest town)	Street No. Hagerstown	Washington Rural its, write RURAL and give nearest town)
How long in hospital or Institution?		2.(a) If veteran, name war.	
3. (a) FULL NAME Merrill	K. Baker (a) Single, married, widowed, or divorced		3. (b) Social Security Number 275-05-6865
		MEDICAL (CERTIFICATION
Male White	MArried	20. DATE OF DEATH August	3 1948 21 6:308
6.(b) Name of husband or wife Gladys 7. Birth date of	6.(c) It alive, give age 32 years	21. I CERTIFY that death occurred on the date a	bove stated; that lastended deceased from
deceased (mo., day, yr.) NOYEM	lays If less than one day	Immediate cause of death	DURATION
9. Birthplace Hagerstown War (Town, count) 1D. Usual occupation Manger		Due to Alexander Color	200-8
tt. Industry or business Hamilton Chalice Bake	Jewlers er	Dther conditions	
H T-9 - 179 2	2	(Include pregnency within	months of desth)
14. Malden name Boonesbore	Md.	Major findings of operations	
16. Informant Gladys Bake Address Hagerstown	er	Actorsy results	which death should be charged statistically.
17 Burial (Buriol, cremation, or removal, Which?) Cemetery or crematory. Rest Have	ate thereof August 6, 1948 (month) (day) (yeur) ven Cemetery	22. VtOLENCE: It death was due to external c Accident, suicide, or homicide	Date of
Location Hagersto	own Md.	Injured al home, tarm, industry, public place (where?)
18. Funeral director Scott F. Address Hagerstown	Minnich & Son	Means of injury 23. SIGNATURE.	Jamay M. D
19. (Date rec'd by registrar)	Choff Howers	Address Hager House	M. D. or other M. D. or other Date signed 8

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, NS



Dr. Ditto

	CERTIFICA	ATE OF DEATH	Reg. Diat. No	302
1. PLACE OF DEATH:	1	2. USUAL RESIDENCE (HOME) O	F DECEASED:	-
	wn limits, write RURAL and give nearest town)	State Maryland Con	unty Washing to	a.
(If outside city or to	wn limits, write RURAL and give nearest town) 10 Mins.	City or town Hagersto	wn	
lospital, Instilution, or street address w	here death occurred:			
	County Hospital.	(1110101) 8111		
	10 Mins	2.(a) If veteran, name war		
3. (a) FULL NAME			3. (b) Social Security N	Vumber
William Her	ry Baker		219-01-74	188
f. Sex 5. Color er race	6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
male whi	single single	20. DATE OF DEATHAUE. 27.	1948	at 2:3CF
5.(ò) Name of husband or wife	none	21. I CERTIFY that death occurred on the date abo		11
7. Birth date of		ars and that I last say h Mailurgin	4 27 LKE	19
deceased (mo., day, yr.) J1		Immediate cause af death	i	DURATION
8. AGE: Years Months	Bays tt less than one day		ß	
36 2	8hrsm		maken	122
B. Sirthplace Hagerstov	m, Washington, Maryl	ande to		••••••
	orer			
11. Industry or business Md. I	ipe & Metal Co.	Due to Ayputurer for	eler dine	220
	L. Baker			
I 13. Birthplace Securi	v. Md.			***************************************
and the same of th	Cordell	(Include pregnancy within 3 r		21 3
15. Birthptace Grine		Major findings of aperations.		
	ice Baker	Autopsy results		
		PHYSICIAN: Please underline the cause to wi		tatistically.
	rge St.	22. VIOLENCE: If death was due to externat cau	ises, fill in the following:	
Burial (Burial, cremation, or removal. Wh		Accident, suicide, or homicide		•••••
Cemetery or crematory	se Hill Cemetery	Where did injury occur?(City or town)	(County)	(State)
Location He	gerstown, Md.	Injured at home, farm, industry, public place (wh	here?)	
18. Funeral director Andrey	K. Coffnan	Means of Injury	Injured at work?	0
Address Hagers		A 80	0115 9	bes !
	- 28 112	23. SIGNATURE	La Co	2000

Registrar Address....

FOR BINDING RESERVED MARGIN

PLEASE



2411 N. Charles St., Baltimore

08682

CEDTICICATE OF DEATH

		CERTIFICA	IE OF DEATH	Reg. Dist. No	2/9-5
1. PLACE OF DEATH:	Vashi noto	n	2. USUAL RESIDENCE (HOM (For newborn infants give reside	E) OF DECEASED:	
City or town	OWN or town limits, write I	RURAL and give nearest town) O. years	State Mary Tallo County Was III 19 LDII		nearest town)
How long in hospitet or tnetitution?.	5 hr	S.	2.(a) If veteran, name war	***************************************	
3. (a) FULL NAME		ry A. Barnhart		3. (b) Social Securi 220-16-3	
Male S. Coler or Whit		le, married, widowed, or divorced Married	MEDICA 20. DATE OF DEATH Aug. 5	L CERTIFICATION , 1948	a 6:45]
***************************************		Barnhart (c) It alive, give age yea	2f. I CERTIFY that death occurred on the	date above stated: that t attended d	leceased from
deceased (me., day, yr.)	Sept. 5, Daye 11 0	It less than one dayhrsmir	Immediate cause of death Cerelinal he	***************************************	DURATION 87.57.4.5
9. Birthplace Frank 1 10. Usuet occupation Fa	in Count (Town, county, and rming	y Pa e state)	arterioscler	osis nellitro	
11. taduetry or buelnese 12. Name Harvey 13. Birthpiece	Barnha Maryla	rt.	Unclude pregnancy w		
至 14. Melden name Ali	ce Pentz Penna	B. •	(Include pregnancy wi		
16. informent Hagers	*****	rnhart RD2	Autopsy results	se to which death should be char	
Burial (Burial, cremation, or remova	Date the	ereof Aug 8 194		Date of	
Location	reencast	1 Cemetery 1e, Pa.	tajured at home, term, tadustry, public p		
18. Funeral director		aiss	23. SIGNATURE H. S. Po	sterfield	M.O.
19. (Date ree'd by registrar)	48 6	Kach / Fower Registre	17/12/1/04		

PLEASE WRITE PLAINLY, VS A15

MARGIN RESERVED FOR BINDING

AUG 11 1948 BUREAU V. S.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 30

13/a

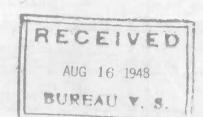
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Washington	State Maryland County Vashing	A
City or town (Koutside city or town limits, write RURAL and give nearest town)	1 10 00 4	C. V
1	City or town	earest town)
How long in above place of death?	410 Ve adoe GAM	
410 Pridge CM	Streel No. (If rural give LOCATION)	
How long in hospital or institution?	2.(a) It veteran, name war	***************************************
3. (a) FULL NAME	3. (b) Social Security	y Number
William E. Baso	Ee 717-09-	-9286
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White married	20, DATE OF DEATH	, 21
Tracked & Congre Basare.	21. I CERTIFY that death occurred of the date above stated; that I atlended dec	ceased from
6.(b) Name of husband or wite Management of the state of	ang 1 - 4 % 10 ang 1:	
7. Birth date of 7. Bir	and that I last saw bear wallive on Carry 12-4/6	19
deceased (mo., day, yr.) Heb. 27 4 1900	Immediate cause of death.	DURATION
8. AGE: Years Months Days It less than one day	Immediate Cadse of death	
48 3 15nrsmin.	Hamiltonia -	111
Tilashington Po Jud.	. Il Cuelia Vennedor Inc	
9. Birthplace (Town, county, and state)	Due to.	
10. Usual occupation Machinist	Catain melhaceden	A
9.00	Due to.	*****
11. Industry or business / all Thad		b
12. Name assure E Basare 13. Birthplace Washington, Co. Mod.	Other conditions	
	(Include pregnancy within 8 months of death)	
14. Malden name. Lucy E. Ty sor 15. Birthplace Washington Co. Und.	Major findings of operations	
15 Richarde Manueton Co. W.d.	major madings of operations	
200000000000000000000000000000000000000		
16. Informant	Autopsy results	ed statistically.
Address 410 Ridge ave. Hagardown Md.	22. VIOLENCE: If death was due to external causes, till in the tollowing:	
17 B wrial Bate thereot 8 / 15/48	Accident, suicide, or homicide	
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)		
Cemetery or crematory Ist Harry Cumulary	Where did injury occur? (City or town) (County)	(State)
Location Hagerstown Ind.	Injured at home, farm, Industry, public place (where?)	
L. Suman	Meens of injury Injured at work?	
18. Funeral director Co. C. Suman	Soloil	
Address 1025 Franciew Rd. Hagerstown Md.	23. SIGNATURE.	
19. Clug 1/3, 1948 Choffbowers	de M. D	o, or other
(Date rec'd by registrar) Registrar	Address Date signed	d. Sylvaster

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The c is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

9.45-15M

VS A15



Registrar Address 65/ Clanary Arthura Bate signed

2411 N. Charles St., Baltimore

CEPTIFICATE OF DEATH

CERTIFIC	ALE OF DEATH	Reg. Diat. No	200
1. PLACE OF DEATH: County	City or town	County Washing	tsv st town)
3. (a) FULL NAME C-lande Bell		3. (b) Social Security Nu	umber
1. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL	CERTIFICATION	
Male Nerso Single	20. DATE OF DEATH AUGUS	T 2/ 1948 2	6 55
5.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date	e above stated; that I attended decease	en from
	ears August 2,		
7. Birth dale of deceased (mo., day, yr.) February 9, 1892	and that I last saw h Add ailve on	_	19 .70
	Immediate cause of death		DURATION
3. AGE: Years Months Bys If less than one day 56 5 24hrs.	CORONARY OC	1.C.L.V.S.10.N	***************************************
Birthplace Beaney Creek, Wash. Md.	Due to		
10. Usual occupation Laborer	***************************************		***************************************
	Due to		****************
1. Industry or business			
12. Name Thomas 7. Bell	Dther conditions		***************************************
13. Birthplace Beaner Creek, md.	(Include pregnancy withi		
14. Maiden name Mary Brown 15. Birthpiace Williamsport, md.	T.		
11: Dh.	Major findings of operations)+0xxx0000xx000
15. Birthpiace Williamsport, md.		Date of op	
18. Informant Miss Rettiel Bell	Autopsy results		
50 111 B-40 Xt. 4	PHYSICIAN: Please underline the cause t	to which death should be charged sta	atistically.
	22. VIOLENCE: If death was due to externa	al causes, fill in the following;	
17 Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide		
(Burlal, cremation, or removal, Which?)	Where did injury necur?		
Gemetery of Crematory	Where did injury occur?(City or to	wn) (County) ((State)
Location Hagerstawn, Md.	Injured at home, farm, Industry, public place	e (where?)	
	Msans of injury	Injured at work?	
18. Funeral director Wallam & Downey		1 01/	no
Address 29/ Friedrich st Hagertow.	23. SIGNATURE	lay Have	other
19. (Date rec's by registrar) 19 J. D. P. M. T. J. O. W. J. Regis	trar Address 65/ Cenns	g Laura Date signed	8/4/1

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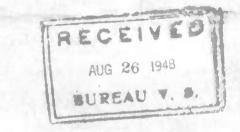
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RECEIVED

AUG 7 1948 BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: legibly (For newborn infants give residence of mother), information carefully of death clearly and (If out de city of town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: If rural, give LOCATION) How long in hospital or Institution?. 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from K. Supply ever 7. Birth date of deceased (mo., day, yr.) DURATION It less than one day Years ADING INK. Physicians: p (Town, county, and atate) 11. Industry or business WITH UNF! (Include pregnancy within 3 months of death) especially PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing; (month) (day) (year) Accident, sulcide, or homicide..... Where did injury occur?(City or town) 国 Injured at home, tarm, Industry, public place (where?) Injured at work? Means of Injury (Date rec'd by registrar) Registrar

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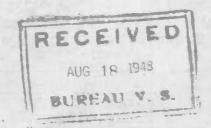


2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

	hington			2. USUAL RESIDENCE (HOME) (For newborn infants give residence) Maryland	of mother)	m
City or town			ers	State Maryland County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) 792 Frederick St. (If rural, give LOCATION)		
How long in hospital or				2.(a) If veteran, name war		
3. (a) FULL NAM	Anr		ictoria Betts		3. (b) Social Security	Number
4. Sez	5. Color or race	6.(a) Sing!	e, married, widowed, or divorced		CERTIFICATION	5:30A
Female	White	Ma	rried	2D. DATE DF DEATH August	14 19 48	ateDT
6.(ö) Name of husband 7. Birth date of deceased (mo., day, y	OI #110		Betts Sr. c) If alive, give age 70 years 1878	21. I CERTIFY that death occurred on the date a Aug . 1	above stated; that lattended dec 9 41 to Aug. Aug. 5 ' 48	eased from 1919
8. AGE: Years	Months	Days	If less than one day	bronchial asthr		DONATION
70	4	20	hrsmln.	bronchial asthr	na	20yrs
9. Birthplace		Hong and	h. Co. Md.	Oue to Vascular hypel	tic coronary	
11. Industry or busines		Own H	lome	Due to heart disc	etoris)	
12. Name	George	Whit		Other conditions	hemorrhage	
HIOW 14. Malden name	Mary (VIA .	(Include pregnancy within Major findings of operations None	3 months of death)	
				None	Date of op	***************************************
			Jr.	Autopsy results	which doubt should be shoused	statistically.
Buris (Burial, cremation	or removal. Which?	Date then	eof August 17, 19	23. VIOLENCE: If death was due to external a Accident, suicide, or homicide	causes, fill in the following:	
Cemetery or cremato	"Rose Hagers	TITIT	ceme tery	Where did injury occur?(City or town injured at home, farm, industry, public place	(Connty)	
		Minn	ich & Son	Means of Injury	Injured at work?	
18. Funeral director	Hagersto		it.	101	+ mello 2	uD.
19. (Date rec'd by re	16 48	6	Korf Bowers Registrar	23. SIGNATURE A. Y THE HA. GETSTONN, Md	M. D.	or other 8/14/48

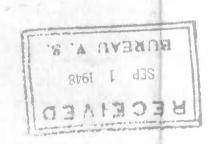


08687

1. PLACE OF DEATH:) Sachustas	2. USUAL RESIDENCE (HOME) OF DECEASED. (For newborn infants give sidence of mother)
County	State and county Washington
City or town(If outside city or town limits, write RURAL and give nearest	town) City or town Manganorile
How long in above place of death?	(If outside city or town light), write RURAL and give nearest town)
May aux Ole Menante	Street No. (If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
	ESHLEMAN BOHN -
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divo	MEDICAL CERTIFICATION
+ White Wilar	20. DATE DE DEATH
6,(b) Name of husband or wife William Bohn	21. I CERTIFY that death occurred on the date shove stated; that I attended deceased from
7. Birth date of	and Waf I last saw h. O. V. alive on
deceased (mo., day, yr.) R ACE. Years Months Days If less than one day	Immediate cause of death. DURATIO
MO 0 111	Cunsua
79.07.24hrs	Sures nel of mex
9. 8irthpiace	- Due to
10. Usual occupation House Keefe	LL .
11. Industry or business	Que to
	Dither conditions O
12. Name John Shloman	
E tamie Segan	(Include pregnancy within 3 months of death)
14. Maiden name Tannie Searn 15. Birthplace Traphlen Co	Major fiediogs of operations
E 15. Birthplace Thanklim Co	Date of op.
16. Informant Jesus Bakes	Autopsy results
Address Waeneshu	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Bate thereof Carcan 3.	M. M. D. Bate of
(Burisl, cremation, or removal Which?) (month) (day)	Where did latery occur?
Cemetery or crematory	(City of town)
Location near	Injured at home, farm, Industry, public place (where?)
	Means of Injury Injury Injured at work?
18. Funeral director. CE. Myranee	11: 12 2-181. 11-
18. Funeral director	23. SIGNATUREDA, VICTOR D. MILLEN. M. D. or other

MARGIN RESERVED FOR BINDING

No Vie Milles 131 W. Washington ST



08680

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Dist. No. -302

M. D. opther

CERTIFICA	IE OF DEATH	Reg. Dist. No	7505
1. PLACE OF DEATH: County	City or town	County Land give no give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war		
Bertha Sarah ann	Brady	3. (b) Social Security	Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced ' Fernale While Widow	20. DATE OF DEATH. August		
6.(b) Name of husband or wife Eastweld TH. Brady 6.(c) If alive, give age year 7. Birth date of	21. I CERTIFY that death occupied on the date	te above stated; that I attended dec	ceased from 7 / 0 19 4
deceased (mo., day, yr.) facy / 9 8 80 8. AGE: Years Months Days If less than one day •	Immediate cause of death		DURATION
9. Birthpiace Loudon England (Town, county, and state) 10. Usual occupation House Respect	Due to.	ones.	192
11. Industry or business	Other conditions		
= 13. Birthpiace Lohdon England = 14. Maiden name Octtha Wales	(Include pregnancy with		
16. Informant Cleic & Brady	Antopsy results	to which death should be charge	
17. Buried Date thereof (Month) (1997) (year) 18. Churlet Anna Churlery 19. Churlet Anna Churlery	22. VfOLENCE: If death was due to extern Accident, suicide, or homicide	Date of	
Location Hageisfour and	Injured at home, farm, Industry, public pla		
18. Funeral director C. D. Survain Co. Marysh up. Magari	6/11	Pille mi	9.

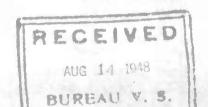
23. SIGNATURE.

Registrar

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY

(Date rec'd by registrar)



MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

If less than one day

Registrar

Address.

Days

2. USUAL RESIDENCE (HOME) OF DECEASED: of outside city or fown limits, write RURAL and frural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that Labended deceased from .6.(c) It aliva, give age..... DURATION 4 W/6 (Include pregnancy within 3 months of death) Major findings of operations Antopsy resplts ... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: tt death was due to external causes, till in the following; (monyh) (day) (year) Accident, suicide, or homicide..... Where did injury occur? (City or town) Injured at home, tarm, Industry, public place (where?) Means of injury 23. SIGNATUR

information carefully of death clearly and Supply ever ADING INK. Physicians: pl important. especially PLAINLY, is especially SE

1. PLACE OF DEATH:

How long in hospital or institution?. 3. (a) FULL NAME

(Date read by registrar)

7. Rigth date of deceased (mo., day, yr.)

8. AGE:



2411 N. Charles St., Baltimore

08690

nearest town)

ged statistically

age

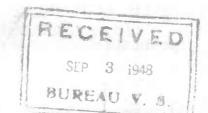
FOR BINDING

RESERVED

WRITE

PLEASE

			CERTIFICA	ATE OF DEATH	Reg. Diat. No.
City or town	ngton illiamspo: cutside city or town lin ce of death? 60 y. or street address where d Conocoches or institution?	rt bita, write RI ears leath occurred; ague S	RAL and give nearest town)	2. USUAL RESIDENCE (HOME) (For newborn infants give residence State Maryland (ity or town Williams po (if outside city or town ling Street No. 27 S. Conoco (if rural, g.	conning Washington rt mits, write RURAL and give nearest tow cheague St.
4. Sex	George Br		married, widowed, or divorced	MEDICAL	CERTIFICATION
Nale	White	1.7	ldowed	20. DATE OF DEATH # 29	48 19 23
7. Birih date ot deceased (mo., day	June June		If alive, give agey	ears and that I last saw h. Mu. alive on	1296 8 129 40
8. AGE: Yes	9 2	22	hrs.	min.	30
10. Usual occupation 11. industry or busin 21. 12. Name	Track In Penna. Do not k	R.R. now	or(Retired)	Oue to	Z ()
≥ 15. Birthplace	Do not		· · · · · · · · · · · · · · · · · · ·	Major fiedings of operations	Oate of op
Address Wi	nnie Krep Lliamspor L on, or removal. Which?) alory. Otterb	t, Md Oate there	Sept. 1,194 (month) (day) (year)		o which death should be charged statistical causes, till in the tollowing; Leut Date of Africa, 6
Locallon Nr. W	ill iamspo	rt Fa.	lling Waters		e (where?) . Howl
Address	Edith V	t, Md		23. SIGNATURE	Januay Ja Do of Johner



CERTIFICATE OF DEATH

302

Reg. Dist. No. 1. PLACE OF DEATH: USUAL RESIDENCE (HOME) OF DECEASED: (For prewhorn infants give residence of mother) Washington State Maryland Washington Hagerstown (If outside city or town limits, write RURAL and give nearest town) information carefully of death clearly and How long in above place of death? 3 Weeks Hospital, Institution, or street address where death occurred: Near Lappans Washington Co. Haspital (If rurul, give LOÇATION) 3 Weeks How long in hospital or Institution?... 3. (a) FULL NAME 3. (b) Social Security Number NO Ida. 4. Sex MEDICAL CERTIFICATION item of i Femala White Married 20. DATE DF DEATH Aug. 26 19 48 21 12 P. 1 Zenas 21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from 6.(b) Name of husband or wife..... gust 26 19 48 aug 26 19 6.(c) If allve, give age Supply eve 7. Birth date of May 18,1883 deceased (mo., day, yr.) 8. AGE: It less than one day ADING INK. Physicians: pl Hagerstown Md. House Wife Own Home 11. Industry or business 12. Name...... William Bower Hagerstown, Md (Include pregnancy within 8 months of death) 14. Maiden name Sarah Rower Majur findings of operations..... Hagerstown Md Zenas H. Bower PHYSICIAN: Please underline the cause to which death should be charged statistically, Hagerstown R. F. D. 3 Md 822. VIOLENCE: If death was due to external causes, fill in the tollowing: Where did injury occur?(City or town) Cemetery or crematory Boardforing Cemetery Near Boardforing, Md. Injured at home farm, industry, public place (where?) Masns of Injury 18. Funeral director. Andrew K. Coffman MUDERI T. NENSTINGTON SK Sobert J. Kes Hagerstown Md

Registrar HAGERSTOWN, MARYLAND



2411 N. Charles St., Baltimore

		CERTIFICA	TE OF DEATH	Reg. Diat. No.
City or town	Hagerstowr (If outside city or town I olses of death? 10 s, or street address where gton Count et or lastitution? 2	ashington Maryland Indite, write RURAL and give nearest town) Years death occurred: Y Hospital days	city or town	County Washington WM wn limits, write RURAL and give nearest town)
0.(0) 1000		n E. Carey		170-09-0691
4. See Male	S. Esler or rech White	6.(a)Single, married, widowed, or divorced Married Le F. Carey	20. DATE DF DEATH	e date above stated: that Lattended deceased from
8. AGE:	ley, yr.) August fesse Months 53 0	8.(c) If silve, give age	and that I tast saw h	ang 51.0 19
10. Veusi occupet	Manage: Mesteri	r 'county, and state) r 'union Telegraph	Due to	Tre Hent Place 3 4
전 본 14. Maiden m	Charles Ca Boston, Alice Boston,	rey Mass. English Mass.	Major findings of operations	
Addrese F 17. Remo 1 (Burial, crema Camstery or cre Location	Mrs. John lagerstown val ation, of removal. Which smallery Holy: Malden, M	Date thereof 8-9-48 (month) (day) (year) Cross Cemetery ass.	Autopsy results PHYSICIAN: Please underline the car 22. VIOLENCE: If death was due to ex Accident, suicide, or homicide	use to which death should be charged statistically
18. Funeral direct	or C. M.	Suter & Sons	Meene of Injury	(. 0 .)
Address	Hagerst	own. Maryland		elegenter les

PLEASE WRITE PLAINLY is especially

(Date reo'd by registrar)

Supply every item of information carefully ease write the causes of death clearly and

FOR BINDING

MARGIN RESERVED



2411 N. Charles St., Baltimore

08693

No 307

CERTIFICATE OF DEATH

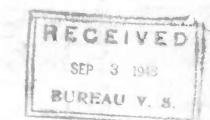
age

UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and

PLEASE WRITE PLAINLY is especial

MARGIN RESERVED FOR BINDING

8	Keg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washingtons	State Maryland County Standary
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RU\$AL and give nearest town)
How long in above place of death?	Street No. Kur wille md. R. I
Ruscille K.I.	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war. World Ware One
3. (a) FULL NAME	3. (b) Social Security Number 7.05 - 0.9 - 6499
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH ONGE TO THE 19 GB 21 1
6.(6) Name of husband or wife fullian. Redmon. Carter. 6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) Auly . 28 - 1895	and that I last saw half alive on 19
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION 2 NIVO
53 mln.	
9. Birthplace	Due to A Seffer Carollo - Menus States 7)
10. Usual occupation. Drawnanday	Due to
11. Industry or business B. 40, K.B. Co.	
12. Name Carter Carter 13. Birthplace Unish, Co. md.	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mary Doffmartus 15. Birthplace Wash, So md.	Major fiediogs of operations.
A	Date of op.
16. Informant Mes Aillian Kedmon Carters	Autupsy results
Address Knoppille md. R.1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
all the Country	Where did injury occur?
Cemetery or crematory	(City or town) (County) (State)
Location Strong Q +QC	Injured at nome, Tarm, industry, public place (wherer) Means of Injury Injured at work?
18. Funeral director	1 1/2 1 1
Address Seronstrio md.	23. SIGNATURE MAD AVENUE
aug 31 , 48 Cornelius Ir Castle	Address Squettscalle - VR. Date signed \$21/48
(Date reg d by registrar) Registrar	Address Date signed C. C. J. J. L. Date signed C. J. J. L. Date signed C. J. Date signed C. Date si



CERTIFICAT	E OF DEATH	Reg. Dist. No.	200
1. PLACE OF DEATH: County Washington City or town Hagerstown (if outside city or town limits, write RURAL and give nearest town) How long in above piace of death? 2 years Hospital, Institution, or street address where death occurred: Patterson Hotel. North Potomac St. How long in hospital or institution?	Street No. West Baltimo	mother) uoty Franklin is, write RURAL and give neare ore St. e LOCATION)	est town)
3. (a) FULL NAME		3. (b) Social Security N	umber
NORMAN S. CLEVE	CR	184-07-412	28
4. Sex Male 5. Color or race 6.(a)Single, married, widowed, or divorced Widowed	MEDICAL C	ERTIFICATION	
6.(b) Name of husband or wife	and that I last saw h	my W. 4h	19 19 DURATI
8. AGE: Years Months Days If less than one day			243
9. Birthplace	Due to	and the second second	
12. Name Survey 13. Birthplace Shippensburg, Pa.	Other conditions		********
14. Maiden name Annie Naugle 15. Birthpiace Shippensburg, Pa. 16. Interment George Clever	(Include pregnancy within 3		
16. Interment George Clever Address Greencastle, Pa.	Autopsy results	•••••	
Burial Date thereof 8/28/48 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or premises Cedar Hill	22. VIOLENCE: If death was due fo external car Accident, suicide, or homicide	Date of	(State)
Greencastle, Franklin Co., Pa			
18. Funeral director A. E. Minnich	Misans of Injury	Injured at work?	
Address Greencastle, Pa.	23. SIGNATURE D. ZWZ	May con	2_
	Land Andreal Allermonday to the control of the cont		

Registrar Address.....

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AUG 30 1948

BUREAU Y. S.

RECEIVED

AUG 30 1948

BUREAU V. S.

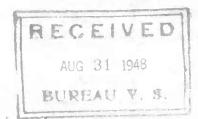
2411 N. Charles St., Baltimore

94 a

300

CERTIFICATE OF DEATH

1. PLACE OF D				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)									
County				State Maryland County Washington									
				City or town Sharpsburg Md. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) II veteran, name war.									
							3. (b) Social Sec		arity Number				
							David	W Clipp				None	
							4. Sex	5. Color or race	6.(a)Sing	ie, married, widowed, or divorced	MEDICAL	CERTIFICATION	
				Male	White	M	larried	2D. DATE DF DEATH	19 46	, at 56/			
a (h) Homo of bushes	Ida M	Glinn	.	21. I CERTIFY that death occurred on the date	above stated: that attended deces								
6.(0) Name of husban	in or witem serve am		66	Cus 13- 45	19 64 15-	19							
T. Birth date of		6.	(c) It alive, give age 66 years	and that I last saw h	ang 15-40	Å 19							
deceased (mo., day	i, yr.) Jan.	I6 I8	374	Immediate cause of death		DURATION							
8. AGE: Yes	ars Months	Days	If tess than one day		***************************************								
76	6	15	hrs min.	Commen ()		6 W/L							
	arlestow	n W.V.	Α.	Due to.									
	(Tow	n, county, and	state)		***************************************								
1D. Usual occupation	Par	mer		Due to	41.01.00.00.00.00.00.00.00.00.00.00.00.00								
11. Industry or busin	ess Far	mer											
	(1) 7	W G11	pp	Dther conditions									
F						0.01							
3. Birthplace Charlestown W.V.A.				(Include pregnancy within	3 months of death)								
14. Maiden name Sarah Glipp				Major fiediogs of operations		444440044444044400000000000							
15. Birthplace Charlestown W.V.A.													
14. Malden name Sarah Clipp 15. Birthplace Charlestown W.V.A. 16. Informant Herman W Clipp				Aotopsy results									
				PHYSICIAN: Please underline the cause to	which death should be charged	statistically.							
Address	Sharpsbu	rg ma.		22. VIOLENCE: If death was due to external									
17 . Bur	ial on, or temoval Whice	Date the	reof Ang I7 28 (month) (day) (year)	Accident, suicide, or homicide									
, (Burial, erematic	on, or temoval. Which												
Cemetery or crematory Woodlessen Cemetery				Where did Injury occur?(City or tow	n) (County)	(State)							
Location Charlestown W.V.A.				Injured at home, farm, Industry, public place	(where?)	••••••							
18. Funeral director Edith V Leaf.				Means of Injury	Injured at work?								
Williamanont Md				501/014	1 Jachen	Cornel							
Address WIIIIams DOTO and				23. SIGNATURE	7	2							
19.8-16 19 V Ely Quegae				de M	M. D.	or other							
(Date rec'd by	registrar)	*******	Registrar	Address.		13/3/4							



2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

3. (b) Social Security Number

Supply every item of information carefully. The ease write the causes of death clearly and legibly

1. PLACE OF DI	EATH:
County	Washington
City or townHg	gerstown Maryland oqualde etty or town limits, write RURAL and give nearest town)
How long in above place	e of death? 60 years
Hospitel, Institution, o	r efreet address where deeth occurred: the Potomac Street

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County Washington (If outside city or town limits, write RURAL and give nearest town) North Potomac Street (If rural, give LOCATION)

3. (a) FULL NAM	E Comment		
	Lil	Lie M	ay Cost
4. Sex	5. Color or race	\$.(a) Sing	le, married, widowed, or divorced
Female	White	Ma	rried
	or with Har	vey A	. Cost
B.(O) Hems of necession			(c) tt alive, give age 82 years
7 Bloth data of	ye) Januar		
8. AGE: Year	s Monthe	Daye	If less than one day
	6. 6	22	hrs min.
. Ke	edysville	Was	h. Co. Md.
	(Lown,	country, and	state)
10. Veval occupation	Housew	ire	
11. Industry or busine			1
至 12. Name L'T.	ederick W Keedysvi	yand	
13. Birthplace	Keedysvi	11e.	Maryland
원 14. Melden name	Lydia An	n Eck	ter
15. Birthalace	Lydia An Keedysvi	lle,	Maryland
te Informant H	arvey A.	Cost	
	agerstown		errland
			reef 8-16-48
(Burlal, crematic	n, or removal. Which?	Date the	(month) (day) (year)

Hagerstown.

(Date rec'd by registrar)

18. Funeral director C. M. Suter & Sons

MEDICAL	CERTIFICATION	
2D. DATE DE DEATH	13 4/19	, 21
21. I CERTIFY that death occurred on the date	above stated; that lattended decea	sed from
and that I last saw by and alive on	mg 15- 1/	19
Immediate cause of death		DURATIO
Carly (,	457
		1
Due to		***************************************
Oue to		

Other conditions		***************************************
(Include pregnancy within	3 months of death)	
Major findings of operations		
Major findings of operations		

PLAINLY WRITE SE

PLEA

Addrese

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MARGIN

Cemetery or crematory Rose Hill Cemetery

Hagerstown, Maryland

Registrar Address..

22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.....

Injured at home, farm, Industry, public place (where?)

(City or town)

Where did Injury occur?

Means of Injury

. Date signed.

injured at work?

RECEIVED

AUG 18 1948

BUREAU V. 8.

830

08695 Reg. Dist. No...

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legib

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH: Couety	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Washington City or lown. (If outside city or town limits, write RURAL and give nearest town) Street No. Washington County Home Clark. (If rural, give LOCATION) 2.(a) If veteran, name War.	
3.(a) FULL NAME Joshua Ditto Creager	3. (b) Social Security Number None	
4. 3ss S. Color or race 6.(a) Single, married, wildowed, or divorced Nale White Single	MEDICAL CERTIFICATION 20, DATE OF DEATH. Quay 9 19.48 21.5 A	
B.(b) Name of husband or wifs	21. I CERTIEY that death occurred of the date above stated; that Latisnded deceased from 19. 48. to 19. 49. and that I last saw h	
8. AGE: Years Months Days If less than one day	Immediate cause of death Developed Homographics Juff and Hamyshlogia Sag	
8. Birthplace. Washington County Maryland (Town, county, and state) 10. Usual occupation	Due to. Onterio scleron - 2 ms	
13. Birthplace Washington County Md.	Other conditions	
14. Malden name Mary I. Creager 15. Birtholace Washington County Maryland	Major findings of uperations	
16. Informent Martha Greager Address Hancock, Maryland.	Autopsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically.	
Burial Data thereof Alla (Menth) (day) (year) Cemetery or cremetory Episcopal Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Locstion Hancock, Maryland 18 Funeral director Snyder Rowland Funeral Hon	Injured at home, tarm, Industry, public placs (where?) Means of injury Injured at work?	
Address Hancock, Naryland. 19. (Date rec'y) registrar) Registrar	23. SIGNATURE	



V. V.

AUG 12 1948

BUREAU V. A.

2411 N. Charles St., Baltimore

correct age

Supply every item of information carefully. The ease write the causes of death clearly and legib

RESERVED FOR BINDING

MARGIN

WRITE PLAINLY, is especially

PLEASE

19. (Date rec's by registrar)

31 7 2 10 A W

DURATION

CERTIFICA	ATE OF DEATH Reg. Diat. No. 302
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stata Maryland County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 209 West Washington Street (If rural, give LOCATION)
3.(a) FULL NAME Susan Fechtig Cushwa	3. (b) Social Security Number NONE
4. Set 6. Celer or race 6.(a)Single, married, widowad, or diversal Female White Widow	MEDICAL CERTIFICATION 20. DATE OF DEATH
8. (c) Hams of husband or with Monroe V. Cushwa 8. (c) If alive, give aga years accessed (ms. day, yr.) September 10, 1867 8. AGE: Years Montha Days If lass than one day 80 10 23 hrs. 9. Birthplace Hagerstown, Wash. Co. Md. (Town, county, and state) 10. Usual occupation Housework 11. taduatry or businese Own Home	min. Dua to. Dua to. Dua to.
12. Name. George Fechtig 13. Birthplace Hagerstown, Maryland 14. Maiden name. Harriet H. Doyle 15. Birthplaca Leitersburg, Maryland	Dither conditions
16. Informant T. B. Cushwa Addrese Hagerstown, Maryland 17. Burial Date thereof 8-6-48 (Burial, cremation, or removal. Which?) Cametary or crematory Rose Hill Cemetery Location Hagerstown, Maryland	Autopsy results PHYSICIAN: Please uoderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicida, or homicide
18. Fueoral director	Magna of Injury Injury Injury

Registrar



AUG 6 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

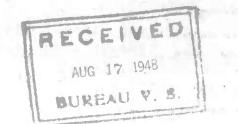
CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Hagerstown Maryland City or town (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? Nospitat, institution, or street address where death occurred: Washington County Hospital Now long in hospital or institulion? 10 minutes	State Maryland County Washington FBreathsville (If outside city or town limits, write RURAL and give nearest town) Street No. Route #3 (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
John H. Daymude	
4. Ses S. Celer or race 6.(a)Single, Married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widower	20. DATE DF DEATH. 21 194 1 21 5 7
8.(b) Name of husband or wife. 6.(c) If allve, give age years of decassed (me., day, yr.) 8. AGE: Years Months Days If less than one day 48 7 19 hrs. min. 8. Birthplace. Hagerstown, Maryland (Town, county, and atate) 10. Usual occupation. Coal -truck Driver 11. Industry or business Steffey & Findlay Co. 12. Name James H. Daymude 13. Birthplace Virginia 14. Maiden name Ella Cline 15. Birthplace Frederick County, Maryland 16. Informent Mrs. Florence Ahalt Address Hagerstown, Maryland 17. Burial Date thereof 8-17-48 (Month) (day) (year) Cemetery or crematory Rose Hill Cemetery Lossion Hagerstown, Maryland 18. Functal director. C. M. Suter & Sons	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.
Address Hagerstown, Maryland 19 Address Hagerstown, Maryland (Date regd by registrar) (Date regd by registrar)	Address Date signed

UNFADING INK. Supply every item of information carefully. The ant. Physicians: please write the causes of death clearly and legible MARGIN RESERVED FOR BINDING

VS A15

PLEASE

(Date reo'd by registrar)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

8300

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town Board Board City or town limits, write RURAL and give nearest town) How tong in above place of death?	City or town	State Maryland County Washington City or town (If outside city or town limits, write RURAL and give nearest town)	
Hospilat, Institution, or street addroes where death occurred: Boonsboro, Md. Route # 1	Boonsboro Route # 1		
How long in hospital or institution?			
3.(a) FULL NAME George Washington Domer	3. (b) Social Security None	Number	
4. See 5. Color ar race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Widowed	20. DATE OF DEATH August 31, 1948 19	4.75P.	
8.(b) Name of husband or wife. Ada N. Kindall	21. I CERTIFY that death occurred on the date above etated; that I attended decean July 2, 148 to Aug. 31	<u>48</u>	
7. Birth date of decased (me., day, yr.) . May 16, 1868			
8. AGE: Yara Monthe Daya If less than one day	Immediate cause of death Cebral Hemmorhage Arterial Hypertension	OURATION 2	
9. Birthplace West Virginia (Town, county, and state)	Due to Gangrene	10 day	
10. Beval occupation	JUQ 10	7,0000000000000000000000000000000000000	
12. Name Unknown .			
14. Maides name Unknown,	Major nodings of operations		
15. Birthplace			
16 Informant Mr. George William Domer	Autopsy resolts	statistically.	
Addrees Boonsboro, Md. Route # 1 17. Buria 1 (Buriai, cremation, or removal, Which?) Date thereof Sept. 2. 1948 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemotery or crematory Bakers ville Cemetery	Where did injury occur?	(State)	
Location Rakersville, Maryland	tajured at home, farm, Industry, public place (where?) Mesos of tajury Injured at work?		
18. Funeral director	nicatio of imprij		
Addrese Hagerstown, Maryland	23. SIGNATURE AT Land Made ms		
19. Sept 2. (Date rec'd by registrar) 18. 48 Registra	Address Bonsboro M. Date eigned.		

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SEP 3. 1948
BUREAU V. B.

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2411 N. Charles St., Baltimore

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EDTIFICATE OF DEATH

Reg. Dist. No. 30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County	State Pennsylvania County Fulton City or town Buck Valley Dist (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.	
3.(a) FULL NAME William Henry Dorri	3. (b) Social Security Number	
4. Sex S. Color er race S.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION August 21, 1948 6,30 A.	
S. AGE: Sirthglace Sirthglac	Immediate cause of death DURATION Trustfure, mode of Jeanua 4 Soys Due to.	
Farming 11. Industry or business 12. Name August Dorrier 13. Birthplace Fulkton County, Pa.		
14. Maiden name Matilda 15. Birthplace Fulton County, Pa.	Major findings of operations	
Address Warfordsburg, Pa. Burial Burial Date thereof Aug. 24-4: (Burial eremation or removal Which?) (month) (day) (yee Cemetery or crematory Mt. Pleasant Cemetery Location Fulton County, Pa.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
18. Funeral director Snyder-Rowland Funeral Horad Address Hancock, Maryland	Injured at work?	

MARGIN RESERVED FOR BINDING

(Date ree's by registrar)

RECEIVED AUG 26 1948

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Rev. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) (If outside city or town limits, write RURAL and give nearest town (If outside city or town limits, write RURAL and give nearest town How long in above place of death?..... Hospilai, Institution, or street address where death occurred: (If rural, give LOCATION) 3. (b) Social Security Number 5) Cojor or race Indrewed 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from m.www. B.(c) If alive, give age DURATION If less than one day (Town, county, and state) (include pregnancy within 3 months of death) Major findings of operations ... PHYSICIAN: Please underline the cause to which death should be charged statistically.

ADING INK. Physicians: pl PLAINLY, V

important.

information carefully of death clearly and

1. PLACE OF DEATH:

How long in hospital or institution?. 3. (a) FULL NAME

6.(b) Name of husband or wife

deceased (mo., day, yr.)

10. Usual occupation. 11. Industry or business 12. Name

13. Birthplace

mali

8. AGE:

16. Informant. and aire (moth) (day) (year) (Burial, cremation, or removat, Which?

(Date rec'd by registrar)

Injured at home, farm, Industry, public place (where?) Means of Injury

Accident, suicide, or homicide,.....

Where did Injury occur?

23. SIGNATURE.

Registrar

22. VIOLENCE: If death was due to external causes, fill in the following:

Injured at work?

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AUG 18 1948

BUREAU Y. S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Battimore Reg. Dist. No. 30 (0 CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: information carefully of death clearly and How long in above place of death?..... Hospital, institution, or street address where death occurred: How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 1978 10 & August 19 4 F deceased (mo., day, yr.) DURATION If less than one day Months Days 8. AGE: (Include pregnancy within 3 months of death) WITH PLAINLY, is especially PHYSICIAN: Please ooderline the caose to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did injury occur? (City or town) WRITE Injured at home, farm, industry, public place (where?) Meana of Injury PLEASE Registrar

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AUG 23 1948

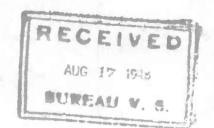
BUPFAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 83a CERTIFICATE OF DEATH Reg. Dist. No. 305 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) (rashin State Maruland (bashington information carefully. How long in above place of death?..... Hospital, Institution, or street address where death occurred: (If rural give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number 4 Sex 5 Color or race MEDICAL CERTIFICATION item of i 21. I CERTIFY, that death occurred on the date above stated: that 1 attended deceased from 7. Right date of Supply e deceased (mo., day, yr.) DURATION if less than one day Months 8. AGE: Years UNFADING INK. ant. Physicians: ple county, and state 10. Usual occupation. 11. industry or business 13. Birthplace (Include pregnancy within 3 months of death) 14. Malden na 15. Birthpiace 14. Malden name PLAINLY, 1 is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did Injury occur? (City or town) (County) Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury SE Address PLE Registrar (Date red d by registrar)

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AUG 19 1948 BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH Dr. Wade 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 3 05 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) county Washington State Maryland County Washington Hagerstown 2 Years How long in above place of death? Hospital, institution, or street address where death occurred: Street No. Park Road Guilford Nursing Home (If rural, give LOCATION) 2 Years How long in hospital or Institution?..... None 3. (a) FULL NAME 3. (b) Social Security Number MRS MARY ELIZA EDWARDS None 6.(g) Single, married, widowed, or divorced A Sex MEDICAL CERTIFICATION August 11 1948 19 3.30 Te Male Widow White 6.(b) Name of husband or wife William Henry Edwards 21. I CERTYY that death occurred on the date above stated; that I attended deceased from 6.(c) It allve, give age vears 7. Birth date of November 30 1877 deceased (mo., day, yr.) Months Days If less than one day 8 AGE. Years Kidney Conflication 70 Midway Jefferson Co. W. Va. Housewife 10 Usual necupation... Own Home Anthony Crim Midway W. Va. mportant. (Include pregnancy within 3 months of death) 14 Maiden name Eugenia Crim Major fiediogs of operations..... Midway W. Va. W. Lee Edwards PHYSICIAN: Please noderline the cause to which death should be charged statistically. Hagerstown Md. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Burial Date thereof (month) (day) (year) (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... Cemetery or crematory Rest Haven Cemetery RITE Hagerstown Md. Injured at home, farm, Industry, public place (where?) Injured at work? Andrew K. Coffman Hagerstown Md. (Date rec' by registrar)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

DURATION

CERTIFICA	TE OF DEATH Reg. Dist. No. 30.5
1. PLACE OF DEATH: County Washington City or town Breathedsville (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 6 Mos 22 Days Mospital, institution, or street address where death occurred: Md. State Reformatory for Males How long in hospital or institution? 6 Mos 22 Days	2. USUAI. RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother) State Maryland County City or town Baltimore 22 (If outside city or town limits, write RURAL and give nearest town) Street No. 200 Gurtis Lane (If rural, give LOCATION), S. N 928 09 2.(a) It veteran, name war World War # 2 Navy
3.(a) FULL NAME SAMIJET, MCKINLEY FILIGGINS	3. (b) Social Security Number 416-20-7779
SAMUEL MCKINLEY FI.TGGINS 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Colored Married	20. DATE OF DEATH. August 16 1948 19
6.(6) Name of husband or wife Mary Lancaster 6.(c) It alive, give age 20 years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 22 7 23 hrs. min. 9. 8irthplace Daltimore Maryland (Town, county, and state) 10. Usual occupation. Laborer 11. Industry or business	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
12. Name Samuel Fliggins 13. Birthplace Roanoke Va.	Dther conditions
14. Malden name Annie Lee 15. Birthplace Roanoke Va. Files of the Reformatory for Males Address Breathedsville Md	(Include pregnancy within 3 months of death) Major findings of operations
Purial Burial, cremation, or removal. Which?) Date thereot. 8/18/48 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide
Cemetery or crematory Mount Calvary Cemetery	Where did injury occur?
Location Baltimore, Md.	Injured at home 1arm, industry, public place (where?)
18. Funeral director Andrew K. Coffnan	IND A D.D.
Hagerstown Md.	11 Tat I tomusal

(Date ree'd by registrar)

MARGIN RESERVED



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				TE OF DEATH Reg. Dist	1. No. 302
1. PLACE OF DEATH: County Washington City or tewn Hagerstown, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Life Nospital, issiliulion, or street address where death occurred: Ravenwood Heights Now long in hospitei or institution?				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mether) State Maryland County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. Ravenwood Heights. (If rural, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL NAM				3. (b) Social	Security Number
	Mary (C. Fri	ldinger	NONE	b a
Female		Mari		MEDICAL CERTIFICATION OF DEATH OUGUST 17	1948 3
T Blak dala af	wile Will was Septer	6.(0	Fridinger c) If elive, give age 88 year	21. I CERTIFY that death occurred on the date above stated; that I at and that I last saw alive on	7 5 19 4
8. AGE: Year	a Mentha	Days	if less than one dayhrsmin	Immediate cause of death	
18. Usual occupation.	House	wife	Go. Md.	Due to	and 6mo
12 Name James Norris				Other conditions.	***************************************
	oonsboro			(include pregnancy within 3 months of death)	
14. Maiden name Jane Lapole 15. Birthplece Boonsboro, Maryland 16. informent William W. Fridinger				Major findings of operations	
ts informent	illiam W	Fric	linger	Antoney results	***************************************
Addrese Hagerstown, Maryland				PHYSICIAN: Please onderline the caose to which death should	
17 Rurial Date thereof 8-19-48 (Burial, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cemetery			eof 8-19-48 (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, fill in the folio Accident, suicide, or homicide	ite of
Location Hagerstown Maryland				tnjured at home, farm, Industry, public place (where?)	
19. Funeral director			Sons	Meens of Injury Injured et 23. SIGNATURE 0.9 Logmon 2	r42.
11 aug. 19, 48 BhalfBowers			calf Bowers	Hagustown md.	M. D. or other

Registrar

VS A15

MARGIN RESERVED FOR BINDING

AUG-21 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF STATE DEPARTMENT OF HEALTH Reg. Dist. No A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub) 1. PLACE OF BIRTH: 2. USUAL RESIDENCE OF MOTHER: State Maryland	302
1. PLACE OF BIRTH: 2. USUAL RESIDENCE OF MOTHER: Maguland	
215 al in ton- maryland	
Maryland maryland	***************
County State State	
City or town Hagerstown County Washington (If outside city or town/mits, write RURAL and give nearest town)	*************
Street address, hospital, or institution: (If outside city or town, mits, write RURAL and give	nearest town)
Washington County Hospital Street No. 132 S. Locust	14
Length of mother's stay in County. light space (If RURAL give LOCATION) (How many years, or months, or days) SPECIFY WHICH)	F-10
3. Name of child Clarence William Gossael 4. Date of birth lug 4 1948 Hour 1	7:05PM.
5. Sex Male 6. Twin or triplet 7. No. of weeks pregnancy 28 weel	15
8. Full name Clarence William Sossard 12. Full maiden name Hage Mol	lott
9. Color White 10. Age at time of this birth 30 yrs. 13. Color White 14. Age at time of this birth.	30 vrs.
O 11. Usual occupation Contractos 15. Usual occupation Housewife	
16. Other children born to mother (not including present child): (a) How many children of this mother are now living	12? none
(b) How many other children were born alive but are now dead? None (c) How many other children were born	
21. Cause of stillbirth. Please be specific. For prematurity, asphyxia, etc., try to add cause	terms like
18. Pregnancy, complications of 44 (a) Fetal causes factoristics	
19. Labor: (a) Complications of Mo (b) Maternal causes Internal Complications	>
(b) Induced to ruffine of Commodice	ec.
20. (a) Was there an operation for delivery? 22. I certify to the birth of this child who was on the date and hour above stated.	oorn dead*
(b) State all operations, if any	no
(c) Did child die before operation? Signature (Specify if M. D., midwlfe for other controls of the control of	(T)
During operation? Address Oger operation?	,
23. (a) Buriol (b) Date thereof Aug. 6,1948 25. (a) Coa (b) 1948 (b) Coa (Registra) (Registra)	20.52
(c) Cemetery or crematory less Novem 26. (To be filled out if no physician was present a	t delivery.)
The above certificate has been examined by r	ne.
(b) Address Wattom of Manager Health Officer, p	er

RECEIVED

AUG 9 1948

BUREAU V. S.

BINDING RESERVED MARGIN

Washington (If outside city or town limits, write RURAL and give nearest town) (If rurai, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION (Include pregnancy within 3 months of death) PHYStCIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill la the following: Accident, suicide, or homicide..... Injured et home, farm, Industry, public piece (where?) injured at work? Registra

RECEIVED
AUG 6 1948

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

Reg. Dist. No. 305 (If outside city or town limits, write RURAL and give nearest town)

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

(If rural, give LOCATION)

3. (b) Social Security Number

OURATION

(Include pregnancy within 3 months of death) Major findings of operations....

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following;

Accident, suicide, or homicide.....

Where did tnjury occur? (City or town)

Injured at home, farm, industry, public place (where?)

Injured at work? Means of Injury

SE PLEA!

1. PLACE OF DEATH:

How long in above place of death?.....

How long in hospital or institution?....

deceased (mo., day, yr.)

1R. Usual occupation... 11. Industry or business

3. (a) FULL NAME

4. Sex

8. AGE:

Hospital, institution, or street address where death occurred

information carefully of death clearly and

item of i

ADING INI Physicians:

13. Birthplace HI 14. Maiden na 15. Birthplace 14. Maiden name Address (month) (day) (year) (Burial, cremation, or removal, Which? Registrar

(Town, county, and atate)

(If outside city or town limita, write RURAL and give nearest town)

If less than one day



0	2	
4	0	CV

			A. 10 Ca
Reg.	Dist.	No.	

Date signed 8. 1.43.

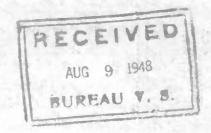
CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County (If outside city or town limits, wyle RURAL and give nearest town) How long in above place of death?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants everesidence of mother) State County Cliff or town. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or speet address where death months:	Street No
3. (a) FULL NAME On a Harrison	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Lugle	MEDICAL CERTIFICATION 20, DATE OF DEATH. 20, DATE OF DEATH. 21, 19, 48, at 11, 45
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8. AGE: Years Months Days It less than one day 75 // 8	Immediate cause of death DURATION BURATION BURATION
9. Birthplace Town, county, and state) 10. Usual occupation. Selection Clarence - Pretizing	Due to Aug pertensive, asterno- Selestes Cardio vascular Disease?
11. Industry or business Industry or business	Other conditions Churchellas Sibrillation ?
14. Maiden name Dasah & Deut 15. Birthplace , Ken lively	(Include pregnancy within 3 months of death) Major findings of operations Date of op.
16. Informant Augress	Autopsy results
17. Burial, cremation, or removal. Which? Cemetery or gremator. Cemetery or gremator.	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
18. Funeral director P. B. Roleinson Address Lovardlown M.	Msens of Injury Injured at work? 23. SIGNATURE IM. Comment of the
19. Cremalu Registrar) (Date pec'd by registrar) Registrar	M. V. or other

MARGIN RESERVED FOR BINDING

WITH UNFADING INK. Supply every item of information carefull important. Physicians: please write the causes of death clearly and

PLEASE WRITE

A15



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Jacob L. Hartranft	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH AUGUST 14 ,48 ,1 9:40a
6.(b) Name of husband or wife. Annie E. Hartranft 6.(c) if alive, give age. 6.3 years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days if less than one day 70 6 13 hrs. min. 9. Birthplace Broadfording Was. Md. (Town, county, and state) 10. Usual occupation. Retired	21. I CERTY that death occurred on the date above stated; that lattended deepased from 19. 48 to 19. 49 to 19. 40 to
11. industry or business Farner	Damely Orenwonia 5 days
E 12. Name Aaron Hartranft	Other conditions Dyncho Premovina 5 days
13. Birthplace Lancaster, Co. Pa.	(Include pregnancy within 3 months of death)
Catherine Lesher 14. Malden name Wash. Co. Md.	Major findings of operations.
15. Birthplace Wash. Co. Md.	Major findings of operations.
Mrs. Annie E. Hartranft Address Hagerstown Md.	Autopsy results. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: il death was due to external causes, fill in the following:
Burial (Buriaf, cremation, or removal, Which?) Cedar Grove Cemetery Cemetery or crematory. Burial (Buriaf, cremation, or removal, Which?) Cedar Grove Cemetery	Accident, suicide, or homicide
Franklin Co. Pa.	injured at home. 1arm, industry, public place (where?)
1B. Funeral director Scott F. Minnich & Son	Misens of linjury Injured at work?
Address Hagerstown Md.	23. SIGNATURE OF MONTH
19. Mar 16. 1948 Brast Bowers (Date red'd by registrar) Registrar	Address Han wow We Bate signed 8/14/48

WEST UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

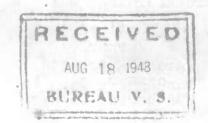
especially

WRITE

PLEASE

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MARGIN RESERVED FOR BINDING



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

157a 02

		CERTIFICA'	TE OF DEATH	Reg. Dist. No.
1. PLACE OF DEATH: County			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washing ton City or town Shithsburg (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL NAMI	<u> </u>			3. (b) Social Security Number
No		Hines Jr.		None
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
Male	White	Single	20. DATE DE DEATH August 18	3 1948 21 6: 30P N
deceased (mo., day, y 8. AGE: Years 9. Birthplace	months June Months 3 gers town Town Infa Noah R Hagers t	15 1948 Days If less than one day 3 hrs. min. Washing ton Co., Md. ecounty, and state) Hines dwn Md. Draper	and that I last saw himmalive on	months of death)
	oah B. H gerstown	ines Sr.	Autopsy results	hich death aboutd he charged statistically.
	Mt.	Date thereof	22. VIOLENCE: If death was due to external cau Accident, suicide, or homicide	Date of
		. Coffman	Means of Injury	injured at work?
Address	agers to w		23. SIGNATURE Robert Address. 1324Way	M. D. or other M. Date signed

PLAINL is especial

PLEASE WRITE

FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	TE OF DEATH Reg. Dist. No3.05	
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
martha Vandella	Hoffman none	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Tende White married	20. DATE OF DEATH Quart 12 1948 at 9,10.1	
mat m 21.11	21. I CERTIFY that death occurred on the date above slated; that I attended deceased from	
6.(b) Name of husband or wife	and that I last saw h alive on A Law Duration DURATI	
9. Birthplace Mil. Leua Wash, Co. Md. (Town, county, and state)	Due to	
10. Usual occupation. Dougethise	Due to.	
11. Industry or business Own Home.		
12. Name William S. Lusse 21. 13. Birthplace Mt. Leva Wark, Co. md.	Dther conditions	
13. Birthplace Mt. Leva brarle. Co. md.	(Include pregnancy within 3 months of death)	
14. Malden name Elizabeth Beachly 15. Birthplace Broughry Wach. Co. md.	Major findings of operations	
000 + m 21.11	Antopsy results.	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Booustries Md. 15.2.	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, of removal. Which?) Date thereof. (Month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Mt. Lana Centelland	Where did injury occur? (City or town) (County) (State)	
Location mt. Leva md.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Uru, J. Bat 98 orus	Means of injury Injured at work?	
Q . A. a mad	0 (1) > 1	
0 1 9 0 1	23. SIGNATURE M. D. or other	
19. Chiquet 15, 1948 July O. Wast	Bases leave - Indi Boto signed 8/14/4	

MARGIN RESERVED FOR BINDING

VS A15

19. Cluquel . 15. 19.44.8. (Date (et d by registrar)

AUG 17 1948
BUREAU V. S.

CERTIFICAT	E OF DEATH Reg. Dist. No	/
1. PLACE OF DEATH: Washington County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) Ohio Stark LOuisville	
Now long in above place of deeth?	City or town	est town)
Now long in hospital or institution?	2.(a) It veteran, name war	
3.(a) FULL NAME Lester Edward Iler	3.(b) Social Security N 297-05-1	
4. Ses S. Celer or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	•
Male White Married	20. DATE OF DEATH Aug/11/48 EDT abo	ut 6P
8.(6) Name of huebond or wifeThelms	21. I CERTIFY that death occurred on the date above etated; that I attended decea	19
T. Birth 4sie of June 29, 1895	and thal I last eaw halive on	DURATION
8. AGE: Yesre Monthe Days It less than one day		
Salem, Stark Co. Ohio (Town, county, and atate) 10. Usual occupation. Production Foreman United Engineering Foundry 11. industry or business 12. Name John Tier 13. Birthelace Salem Ohio	Due to Diabetes M Due to Coronary occlusion Diher conditions. (Include pregnancy within 3 months of death)	2yrs
Bertha Barnett 14. Maiden name. Salem Ohio 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations	
16. Informani Mrs. Thelma May Iler	Antopsy results	
Removal Rem	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(Stete)
New Georgetown Ohio Locallon Schneeberger and Son	Means of Injury Injured at home, farm, Industry, public place (where?) Injured at work?	DICAL EXA

Registrar

MARGIN RESERVED FOR BINDING

LAINLY, WITH UNFADING INK. Supply every item of information carefully especially important. Physicians: please write the causes of death clearly and PLEASE WRITE PLAINLY
is especiall 9-45-15M VS A15

(Date rec'd by registrar)

RECEIVED

AUG 14 1948

RUPEAU V S.

1. PLACE OF D	EATH: Washi	nator		2. USUAL RESIDENCE (HOME)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County		Dan	- 1	Marvland	Washingto	on	
City or town(If	outside city or town !	imlts, write R	URAL and give nearest town)	Heremataum	H711 79 0 7	***************************************	
How long in above plan	ce of death?	o year	'S	(If outside city or town lim	nits, write RURAL and give	nearest town)	
Hospital, institution, d	or street address where	death occurred		Street No. Route 3	••••	•••••	
	or Institution?		***************************************	. (If rural, gi	ve LOCATION)		
3. (a) FULL NAM					3. (b) Social Securi		
	Marv	Jane	Ilgenfritz		o. (o) bottat betat.	y Itambet	
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL.	CERTIFICATION		
Female	White	Wid	owed	2D. DATE DF DEATH August		,11:45	
6.(b) Name of husban	Sam	uel Ll	genfritz	21. I CERTIFY that death occurred on the date :			
		6/-) ff allve, give ageyea	november	9 4 6 , 10 augus	1 2 19 4	
7. Birth date of	Am and S	1 10,		and that I last eaw h			
deceased (mo., day 8. AGE: Yea		Days	It less than one day	Cerely D arterise	•	DURATION	
83	3	22	hrsmin				
			ash. Md.	Due to Determination 3 4		3 42	
9. Birthplace	agerstown (Town,	eounty, and s	tate)			****	
1D. Usual occupation	Non	е				*****	
11. Industry or busine	Non Non	е		Due to	***************************************	*****	
K	David T.	Wolf		Dither conditions actures selections	the Heart Disio	× 1 w	
13. Birfholace	Hagerst	own 1	id.	win auricular Fibrillating			
H 14. Malden name	Rochoe			(Include pregnancy within	8 months of death)		
15. Birthplace	Hagers	town	Md.	Major findings of operations			
Mrs	s. Howard				Date of op		
16. Intermant	gerstown	Md.	L L L V2	PHYSICIAN: Please underline the cause to			
Addle22		20107.0	4 - 4 - 7.0				
Buris	al on, or removal. Which?	Date there	August 5, 19	4 8 22. VIOLENCE: If death was due to exfernal of Accident, suicide, or homicide	Date of		
Cemetery or crematory. Rose Hill Cemetery				Where did injury occur?(City or town		********	
	Hagers		Md.	(City or town Injured at home, farm, Industry, public place		(State)	
Location	Scott F		ixh & Son	Meene of Injury	Injured at work?	***************************************	
1B. Funeral director.			***************************************		1	2 1	
Address	lagers town	n Md.	1110	23 SIGNATURE Daltur	vs. Welt	, Mis	
19. (Date redd by r	4, 1948	plu	AM Jowers			or other	
(Date reg d by r	registrar)		Registra	Address Hazerstown	Date signe	8-4-4	

RESERVED FOR BINDING

PLEASE

AUG 6 1948

BUREAU V. S.

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Reg	Dist.	No.		2

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2411 N. Charles St., Baltimore

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Mig)	CERTIFICAT	E OF DEATH Reg. Dist. No.
information carefully. The carrect of death clearly and legibly.	1. PLACE OF DEATH: County City or town (If ortide city or town limits, write RURAL and give nearest town) How iong in above place of death? Hospilal, institution or street address where death occuped: How long in hospital or Institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary County County City or town (If outsided ity or town limits, write RURAL and give nearest town) Streel No. 438 (If rytal, give LOCATION) 2.(a) If veteran, name war.
formatio death c	3. (a) FULL NAME Betty Ford Johnson	3. (b) Social Security Number
of	7. Sex 5. Color or race (6.(a) Single, married, widowed, or divorced Fernale: Negro Widow	MEDICAL CERTIFICATION 20. DATE OF DEATH. PUGUST 22, 19 48, at 745
G INK. Supply every it	5.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above slated; that Justended deceased from 20. 19. 48. 10. 48. 22. 19. 48. and that I last saw h. A
WITH UNFADING	12. Name Robert Ford 13. Birthplace C. Rarlestown, W. Va. 14. Maiden name Caroline Jacksow 15. Birthplace C. Rarlestown, W. Va.	Other conditions
WRITE PLAINLY, W	16. intermant Mrs. Nannie Boend Address # / W. Bethel Street 17. Servical Date thereof (month) (day) (year) Cemetery or crematogy Tarriew Cemetery	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: if death was due to external causes, fill in the following; Accident, suicide, or homicide
PLEASE WRIT	18. Funeral director of the second of the se	Injured at home, farm, Industry, public place (where?) Mesths of Injury Injured at Mork? 23. SIGNATURE M. D. or other Address. 65 / Pennsy longing 0afe signed 8/22/4

MARGIN RESERVED FOR BINDING

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2411 N. Charles St., Baltimore

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			CERTIFICA	ATE OF DEATH Reg. Dint. No.		
City or townRur	hington al. Will outside city or town is of death? slreet address where	iamspo limits, write life death occurre		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
3. (a) FULL NAM				3. (b) Social Security Number		
Rh	oda May	Kendle	9	None		
4. Sex	5. Color or race	6.(a)Sing	le, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female	White	W.	idowed	20. DATE OF DEATH. Q. 2 19.4K 21 7 9.		
6.(b) Name of husband or wife. Elvin Roy Kendle 5.(c) If alive, give age years T. Birth date of deceased (mo., day, yr. MARCH. 28, 1889 8. AGE: Years Months Days If less than one day 59 4 4 hrs. min. 9. Birthplace. Williamsport Washington Md. (Town, county, and state) 10. Usual occupation. House Wife				Immediate spars of death DURATION A free In.		
13. Birthplace	acob Mar St. Jam	tin S es Md	precher tella ^S Stahl.	the description of death)		
16. Informant Mr Address R. F. 17. Bur (Burial, cremution Cemetery or cremat	D. 12 W11	tahl liams Date the e Hil	port reol May 5 1948 (month) (day) (yeur)	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
,	Edith V			Means of injury Injured at work?		

Address...

PLEASE WRITE PLAINLY

Address

Williamsport Md.

NFADING INK. Supply every item of information carefull, of. Physicians: please write the causes of death clearly and

MARGIN RESERVED FOR BINDING



What infury Courses bractile of his arc. for Ott Place

2411 N. Charles St., Baltimore

1. PLACE OF DEATH:

6.(a) Single, married, widowed, or divorced

74

county Washington Hagerstown

city or town limits, write RURAL and give nearest town Yzars

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

information carefully of death clearly and

item

especially PLAINLY, is especially

RIT

Married Mala White

Mary

6.(c) If alive, give age 7. Right date of

November 2 1861 deceased (mo., day, yr.) If less than one day 8 AGE-

86

Mversville Fred. (Town, county, and state) Farmer

11. Industry or business Retired

Jacob M. Leatherman Mversville Md.

Emmaline Gross

Middle town Md.

16 informant Dr. L.K. Leathernan

Hagerstown Md.

8/24/48 (month) (day) (year) Burial Date thereof ... (Burial, cremation, or removal, Which?) Cemetery or crematory St. Pauls cemetery

location near Clear Springs Md.

Andrew K. Coffman

Hagerstown Md.

M. D. or other

CERTIFICATE OF DEATH

2. USUAL PESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

Marvland

Cedar Lawn

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22 VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide......

MAGERIATOWN ME Oate signed /2/=/

Carried and the second

AUG 25 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

3. (b) Social Security Number

234-01-8827

rect		
	1. PLACE OF DEATH:	ington
y. In	Cily or town	Downs
arefull and	How long in above place of death?	death occurred:

ashington

or town limits, write RURAL and give nearest town

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) Siate Maryland Washington

Rural Downsville (If outside city or town limits, write RURAL and give nearest town) Williamsport Rt. 1

(If rural, give LOCATION)

3. (a) FULL NAME

How long in hospital or institution?.....

Robert L. Loy
Color or race | 6.(a)Single, married, widowed, or divorced Married

White Male 6 (b) Name of husband or wife Lillian Lov

August deceased (mo., day, yr.) If less than one day 8. AGE: 35

8. Birthniace Red Cloud (Town, county, and state)

Labror 10. Usual occupation..... Dairy Farm 11. Industry or business

12. Name......(12. Name Grover C. Lov Hayfield Va.

14. Maiden name Anna S. Safronia Inavale Neb.

16. Informant Mrs. Robert Loy

Address Williamsport Rt. 1 Date thereof Aug. 24, 1948 (month) (day) (year) (Burial, cremation, or removal, Which?)

Cemetery or crematory Mt. Hebron

Incation Winchester Vs.

Scott F. Minnich & Son

Hagerstown Md. Address

Registrar

MEDICAL CERTIFICATION

21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from

DURATION

PHYSICIAN: Please underline the cause to which death abould he charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... (City or town)

Injured at home, farm, Industry, public place (where?)

Injured at work? Maans of Injury

WRITE

SE

EA

BINDING

AND ALL POR INCOME OF THE

'AUG 30 1948

BUREAU Y, S.

2411 N. Charles St., Baltimore

alla

			CERTIFICA	TE OF DEATH	Reg. Dist. No	302
City or town	shington zerstown notable etty or town i of death? street address where Charles	imits, write I 50 y 6 daalh occurre St.	RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 38 Charles St.s. (If rural, give LOCATION) 2.(a) If veteran, name war.		
3. (a) FULL NAM					3. (b) Social Security 1	Number
Providence in the second	OUNCE OF STREET	7 '			None	
4. Sea	5. Color er racs		la, married, widowed, or divorced	MEDICAL	CERTIFICATION	EDT
Female	White	Na	rried	2D. DATE DF DEATH	ur 5 1148	at 1:45
6.(b) Name of husband	or wifeHann;	y C. I	Tarkell	21. I CERTIFY that death occurred on the dat		
7. Birth date of	3T	3.00	(c) If alive, give ageyear	and that t last saw halive on		19
decasasd (me., day,	AL') TAO A ETTINE	I Days	1869	Immediate cause of death	***************************************	DURATION
8. AGE: Year	months 9	7	hrsmin	Acute Corona	ry Occlusion	2hr
10. Usual occupation.	House D	uties.	ryland a	Due to		
12. NameGe	orge Clo	pper		Dther conditions		***************************************
13. Birthplace		Na:	ryland.	(Include pregnancy with	in 3 months of death)	
14, Melden neme	Keziah	Holm	es	Major findings of operations	***************************************	
15. Birthplace		Ma	ryland.	_		
16. Informant	Harry C.	Mark	ell	Autopsy results		10
Address	38 Charl			PHYSICIAN: Please underline the cause		statistically.
	n, or removal. Which		reof Aug a 8 1948 (month) (day) (year)	22. VIOLENCE: tf death was due to extern 10 O	al causes, fill in the following:	***************************************
			emetery	Whera did injury occur?(City or to	wn) (County)	(State)
Location	Hagers	town	•••••	Injured at home, farm, Industry, public place	e (where?)	
			iss	41.1	Injured at work?	ICAL FXAM
				S. Kalen X	187866 WASH. ON	
Address Hagerstown 19. Aug. 7. 19.48 Eksellowers (Date red d by registrar) Registrar				23. SIGNAMARÉ VILLES LA Address Dagues La	www. Md Date Stgnld	cg.5.48

MARGIN RESERVED FOR BINDING

AUG 11 1948

BUREAU V. S.

9311

CERTIFICAT	TE OF DEATH Reg. Dist. No. 30
1. PLACE OF DEATH: Washington County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother) State Maryland county Washington Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 25 S. Locust St. (If rural, give LOCATION) None 2.(a) If veteran, name war.
3.(a) FULL NAME Glenna H.	Matthews 3.(b) Social Security Number 214-09-0865
Female 5. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE OF DEATH 21.55
8. AGE: Years 10 16 It less than one day 9. Birthplace. Hagerstown, Washington, Md. (Town, couuty, and state) 10. Usual occupation. Housewife 11. Industry or business 12. Name John S. Welsh 13. Birthplace Maryland	Due to Ditter conditions
14. Maiden name. Nettie Boward 15. Birthplace Mr. Frank P. Matthews	(Include pregnuncy within 3 months of death) Major findings of operations
Burial Burial Remain Bate thereof August 14, 19 Bate thereof August 14, 19 Bate thereof August 14, 19 Cemelery or crematory Rose Hill Hagerstown; Maryland Location L	28 VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
AB. Funeral director W.T. Norment Hagerstown, Maryland	Means of Injury Injured at work? 23. SIGNATURE. Journal Florida

19. Clate rec'd by registrar) 19 48 4 Marks



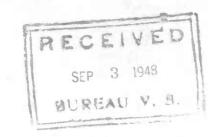
2411 N. Charles St., Baltimore

301

DURATION

CER	FICATE OF DEATH Reg. Diat. No. 30
1. PLACE OF DEATH: county Washington City or town. Williamsport (If outside city or town limits, write RURAL and give ness How long In above place of death? Lifetime Hospital, Institution, or street address where death occurred: 21 S. Conococheague St. How long In hospital or Institution? 3. (a) FULL NAME Anna Mary McCardell 4. Sex 5. Color or race 6. (a) Single, married, widowed, or Female White Widowed	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn finants give residence of mother) State Maryland County Washington Williams port (If outside city or town limits, write RURAL and give nearest to Street No. 21 S. Conococheague St. (If rural, give LOCATION) 2.(a) It veteran, name war 3. (b) Social Security Numb None
6.(b) Name of husband or wife. JamescPercy McCard 6.(c) It alive, give age	19 19 10 11
8. AGE: Years Months Days If less than one d	Themediale cause of death Surviva
9. Birthplace Williamsport, Wash, Mary County, and state) 10. Usual occupation. Housewife 11. Industry or business At Home 12. Name. Harry Collins	Due to
In Sirthplace France, Europe	(Include pregnancy within 3 months of death)
14. Maiden name 15. Birlhplace Maidstone, West Virgin 16. Informant F. Rollin McCardell Address Williamsport, Md. Burial 17. Burial Date thereof Sept. 2 (month) (Cometery or crematory Riverview Cemetery	PHYSICIAN: Please ooderline the caose to which death shoold he charged statistic 22. VIOLENCE: It death was due to external causes, till in the tollowing: (year) Accident, suicide, or homicide
Location Williamsport, Md. Edith V. Leaf Address Williamsport, Md.	

MARGIN RESERVED FOR BINDING



The wind was a subject to

		CERTIFICAT	TE OF DEATH Reg. Diet. No	205
County	ss where death occurred County Ho	n URAL and give nearest town) n : me O days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
4. Sex 5. Color or		McCullough married, widowed, or divorced		
Male Negr			MEDICAL CERTIFICATION 20. DATE OF DEATH AUGUST 21 10 48	10:45
7. Birth date of deceased (mo., day, yr.)	June 24) If alive, give ageyears	and that I last saw him allve on Ques. 17	18.4
8. AGE: Years Month	Days 2.7	If less than one day	Claric VI design	
9. Birthplace Clearspr 10. Usual occupation	None None rinkley	tate)	Due to	2 yr
14. Maiden name Lizz	ie McCull own	ough	Major findings of operations.	
16. informant Fred Address Washingto	Long	Home	Antopsy results	
Burial (Burial, cremation, or removal. Cemetery or removal. Location Hage 18. Funeral director Scot	which?) h. Co. Ho rstown t F. Minn	of Aug. 22, 1948 (month) (day) (year) me Md. ich & Son	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)
Address Hag 19. Outer record by registrar)	erstown 48 lok	Md. East Roever	Address Laxerstown Ind Bate signer	or other 12

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PLEASE WRITE



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	Reg. Dist. No.	204
OME) OF DEC	EASED:	
County	Nashin	gton
19ETS+	RURAL and give near	most town)
Vor	Nar I	
3.	(b) Social Security 1	
	214-0	9-2558
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st5,		at.6.150P. M
the date above state	ed; that I attended decea	sed from
on au		1948
	,	OURATION
Curu	ryeur Co Capites Lutis	5.
- CZELA	CO Case to	
A Top Carles	which with the state of the sta	***********
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ney within 8 months	of death)	

1014 -	Date of op	
d	ath should be charged :	statisticalty.
to external causes, fil		
***************************************	Oate of	
Sity or town)	(County)	(State)
ublic place (where?)	• • • • • • • • • • • • • • • • • • • •	
. 44	Injured at work?	
ciller	•	

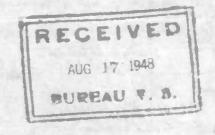


/	age	
	correct	ly.
	The	egibl
× ;	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age	is especially important. Physicians: please write the causes of death clearly and legibly.
	Sup	lease
-	TUNFADING INK.	rtant. Physicians: p
/	ELA	impo
	ITE PLAINLY,	is especially
	WRI	
7	PLEASE	

830

Evidence for change of MARYLAND STATE DEPARTMENT OF HEAD age and birth date shown on: 11 N. Charles St., Baltimore 11 N. Charles St., Baltimore 12 St., Baltimore 13 St., Baltimore

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Parlington City or 10wn Hag Miltonic.	State Mary Land County Mashington
(If stitside city or town limits, write RURAL and give nearest town)	187 4
How long in above place of death?	City or town (If outside city or town limits, write KURAL and give nearest town)
Marlimoton les Harhital	Street No.
Now long in hospital or institution? 2 Isustan	(If rural, give LOCATION) 2.(a) Il veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Percy Bruce Mines, Percy Br	uce 173-03-05.84-
Male white Single, married, widowed, or directed	MEDICAL CERTIFICATION 2D. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
P (a) Mallos alos as Adda P	July 10 2 19 48, to ang 14 18 48
1. Birth date di / 6 / 6 / 6 / 6 / 6 / 6 / 6 / 6 / 6 /	and that I last saw h
8. AGE: Years 7 Months Days It less than one day	Immediate cause of death
41 72- 8 98. mrs min	Cerebral Demorphy 5 hrs.
002 ** 4	Correscers - general y of
8. Birthplace (Town, county, one state)	Due 10
10. Usual occupation Machenist	
11. Industry or business	Due 10
12. Name / ferry. Myssies	Nh
13. Birthplace Han Leiterburg med	Dther conditions
# look . will 't.	(Include pregnancy within 8 months of death)
15. Birthplace Hagustone mak	Major findings of operations.
12.118 111	Date of op
16. Informant	Autopsy results
Address Leithsburg Mil	
(Burial, orematica, or removal, Whiteh?) (Burial, orematica, or removal, Whiteh?)	22. VIOLENCE: 11 death was due to external causes, fill in the following; Accident, suicide, or homicide
O A THE LOCAL TOWN	
b. of . t ,	Where did injury occur? (City or town) (County) (State)
Location dellessang And	Injured at home, farm, Industry, public place (where?)
18. Funerat director, Land MS. Hoover	Means of Injury Injured at work?
Address Scricturing and	and thee of the store and
19. Leg. 45 1948 Allost Bust	23. SIGNATURE M. D. or other M. D. or other



2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

			CERTIFICA	Reg. Dist. No.	
1. PLACE OF DEATH	H:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Nashington City or town Haserstown, Mary land (If outside city or town limits, write RURAL and give nearest town) How long in above place of deeth? Hoepitet, Institution, or atreet addrease where deeth occurred:		State Maryland . County Washington City or town Hagerstown . (1f outside city or town limits, write RURAL and give nearest town)			
		Straet NoIntervale Street			
How long in hospital or tha	titulion?		***************************************	2.(a) tf veteran, nama war	
3. (a) FULL NAME			27	3. (b) Social Secu None	rity Number
Clifford Mc. Misner 4. \$22 S. Color or rece 6.(a)Singla, marriad, widowad, or divorcad Male White Single				MEDICAL CERTIFICATION Aug/9/48	3:30P
8.(b) Name of huabend or wife		21.1 CERTIFY thet death occurred on the data above stated; that I attended deceased from July 20.148 to			
7. Birth date of decaased (mo., day, yr.)				ars and that t last aaw h im allva on Aug/3/4	DURATION
8. AGE: Yeare	Months 6	Daye 5	If lass than one day		10yrs
9. Birthplace				chr.valvular myocardial heart disease ouricular fibrillation	3
				Dther conditions acute venttioualr f	ibrillati
			en	(Include pregnancy within 3 months of death) Major findings of operations	
16. Informant		Autupsy results. **DO** Autupsy results. **PHYSICtAN: Please underline the cause to which death should be charged statistically. **PHYSICtAN: Please underline the cause to which death should be charged statistically.			
17. Burial (Burial, cremation, or	removat. Which	Oete the	eet, Hagerstown eef. Aug. 12.10 (month) (day) (year)	22. VIOLENCE: If death was due to extarnat causas, fill in the following: Accident, aulcide, or homicide	
Cometery or cremetory Bethel Cemetery				II.	
Lecation Near Garfield, Maryland. 18. Funerel director Fred W. Kraiss			•	Means of Injury Injurad at work	?
			aryland.	23. SIGNATURE of , Robert wells	M.D.
18. (Date rec'd by regia	5 . 1848	69	ast Bours	Hases stand July	n. D. or other

WRITE PLAINLY, PLEASE **VS A15**

UNFADING INK. Supply every item of information carefully. The cant. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

AUG 12 1948

BUREAU V. S.

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

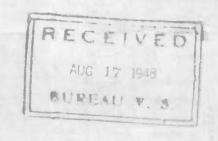
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08723

CERTIFICATE OF DEATH

Reg. Dist. No. 3.05

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County City or town Francisco	State Mary Landounty Dedeuck
(If outside dity or town limits, write HURAL and give nearest town)	1.5.
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
+ahrey nemous Hon	Sireet No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME William Mo	Alex 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
Mily White Single	20. DATE DE DEATH. MIGUIST 14 19 48 , at 4.15 A M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	July 17 19 78 to Market 17 19 48
7. Birth date of deceased (mo., day, yr.) Abril 3 - 1854	and that I last saw h. A. alive on
8. AGE: Years Months Days If less than one day	Immediats cause of death
94 4 11min.	Chou Mysearace.
9. Birthplace Utical Fred	Due to
Zown, county; and state)	
1D. Usual occupation	Due to
11. Industry or business Talk Tanker Thomas Talker Thomas Thomas Talker	
12. Name	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Sophie Mc Cornie	Major findings of operations
2 15. Birthplace	
16. Informant	Antopsy results
Address Johnstone - Ind	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (money) (day) (year)	Accident, euicide, or homicide
Cemetery or crematory the Teformes	Where did injury occur?
Location altico - Fred Co. med.	Injured at home, farm, industry, public place (where?)
18. Funeral director B- Of Colombia Colombia	Means of Injury Injured at work?
Address humannt med	All Allan M. W.
0 10 41 B. A	23. SIGNATURE M. D. or other
(Date reed by registrar) Registrar	Address Boonstoro Bate signed 114/48



2411 N. Charles St., Baltimore

08730

CERTIFICAL	LE UF DEATH Reg. Dist. No. 20		
1. PLACE OF DEATH: Washington County. Maryland (If outside city or town limits, write RURAL and give nearest town) How long is above place at death? 25 years Noegital, inetitution, or street address where death occurred: 510 Salem Avenue Now long is happital or testitution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Washington City or fown. Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. Salem Avenue (If rural, give LOCATION) 2.(a) It veteran, name war.		
3.(a) FULL NAME John P. Mumaw	3. (b) Social Security Number 719-05-5477		
4. See 6. Celer or race 6. (a) Siegle, married, widowed, or divorced Male White Single	MEDICAL CERTIFICATION 20. DATE OF DEATH. 8. 2. 48 19 19 19		
5.(b) Name of huebend or wife	21. I CERTIFY that death occurred oo the date above stated; that I attended deceased from 7.1.47 19. 10.8.2.48 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.		
67 0 9 hrs. min. 8. Birthplace Harrisonburg Virginia (Town, county, and state) 10. Usual occupation Railroad Conductor 11. Industry or business N.W. Railroad	Due to		
11. industry or business N.W. Railroad With. H. Mumaw Sr. 12. Hame	Other conditions Congestive heart failure. Imc (Include pregnancy within 8 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.		
18. Istormant W. H. Mumaw Address Baltimore, Maryland			
Burial Bale thereot 8-5-48 (Buriat, cremation, or removal. Which?) Cemetery or crematory Rose Hill Cemetery	22. VIOLENCE: tf death was due to external causes, till in the following: Accident, suicide, or homicide		
Location Hagerstown, Maryland 16. Funeral director C. M. Suter & Sons Hagerstown, Maryland	Injured at home, tarm, Industry, public place (where?) Means of Injury tnjured at work?		

Registrar Address Hagerstown, Md.

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PLEASE

(Date rec's by registrar)



2411 N. Charles St., Baltimore

164 C

08731

CERTIFICATE OF DEATH

Dist No 301

		CERTITICAL	L OI DEATH	Reg. Diat. No	
1. PLACE OF DEATH: County Washington City or town Williamsport (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Lifetime			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Washington City or town (11 outside city or town limits, write RURAL and give nearest town)		
3.(a) FULL NAME George Clinton Murray				3. (b) Social Security 215-09-74	
Male	5. Color or race White	Single Single	MEDICAL CERTIFICATION 20. DATE OF DEATH		,al 5/
	nd or wife		21. I CERTIFY that death occurred on the da	te above stated; that I attended dece	eased from
7. Rirth date of	y. yr.) Oct. 6,		and that I last saw h	Cuy 26-48	. DURATION
0. 1.02.	Months 1 10	Days If less than one day 18min.	Gundet We	and of chest	antes
9. Birthplace Williamsport, Wash. Maryland (Town, county, and state) 1D. Usual occupation Laborer			Due 16.		dut
10. Usual occupatio	T	Tannery	Due to		***************************************
12. Name John Murray 13. Birthplace Williamsport, Md. 14. Malden name Sarah Miller 15. Birthplace Williamsport, Md. 16. Informant Percy Murray Address Williamsport, Md.			Other conditions		
			(Include pregnancy with		
			Antopsy results	***************************************	
			22. VIOLENCE: tf death was due to extern	nal causes, fill in the following:	Manufally.
Cemetery or crem	atory Greenla	wn Cemetery	Accident, suicide, or homicide	host Woolings	F My (State)
Location Williamsport, Md.			Injured at home, farm, Industry, public plan	ce (where?)	/
18. Funeral director Edith V. Eeaf Address Williamsport, Md. 19. Queg 27 1948 & Lee M & Blog Registrar			23. SIGNATURE	W Silts Z.	astro
			1/ /	M, D. Date signed	or other

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

PLEASE WRITE PLAINLY

is especial

A15

ARGIN RESERVED FOR BINDING



5. Color or race

White

lFemale

deceased (mo., day, yr.)

Burial

Years

13

(If outside city or town limits, write RURAL and give nearest town)

2 Days

Singla

October 16, 1934

28

Hagerstown Washington Co.

(Town, county, and atate)

Hagerstown Md.

Date thereot...

Andrew K. Coffman

Romney W. Va.

Student

14. Maiden name Helen Pownell

Hagerstown Md.

Hagerstown Md.

Hagerstown Md.

Cemetery or crematory Rose Hill

6.(a) Single, married, widowed, or divorced

If less than one day

Cemeterv

Elsie Caroline Ocker

Washington County Hospital

CERTIFICA	TE OF DEATH	Reg.	Diat. No	302
	2. USUAL RESIDENCE (HOMI	E) OF DECEASE	D:	
***************************************	State Maryland	County Was	hington	Ω
nd give nearest town)	City or town Hagersto	WN	AT, and give year	
ital	Street No. Devon	SSHIII I	iO&C	
	(If rural 2.(a) If veteran, name war	one	***************************************	
cker			cial Security N	umber
widowed, or divorced	MEDICAL	CERTIFIC	ATION	4:25
	20. DATE OF DEATH AUG. 14	148	EDT	
•••••	21. I CERTIFY that death occurred on the da			
give ageyear	and that t tast saw halive on			
1934	Immediate vause of death		_	
than one day	Immediate value of death	***************************************		DUNATION
hrsmin	HXTensive 2nd	3 & 3rd	degree	***************************************
gton Co. Mo	Due to burns	to face		
- 1	a bdomen	,		
	Due to Upper	-lower	extremi	Lties
	Dther conditions			
•	(Include pregnancy with	1 0	***************************************	
	Major fiedings of operations			

	PHYSICIAN: Please underline the cause	to which death sho	uld be charged at	atistically.
1171118	22. VIOLENCE: It death was due to extern	ial causes, till in the	following;	- /
month) (day) (year)				
metery	Where did injury occur? Hagers	town Wa	ounty)	C. (State)
	Injured at home starm, industry, public, pla	ce (where?) Hor	ne	
A.C	Injured at home tarm, industry, public, pla	uok	ed at work?	8.1.40

1. PLACE OF DEATH: Washington information carefully of death clearly and Mospital, institution, or street address where death occurred: Now long in hospital or Institution?. 3. (a) FULL NAME Supply every item of ease write the causes FOR BINDING 8. AGE: RESERVED ADING INK. Physicians: pl 10. Usual occupation... 11. Industry or business E 12. Name. John J. Ocker 12. Name. Hagerstown M important. 14. Maiden name 15. Dirthplace 16. Informant John J. Ocker PLAINLY, vis especially (Burial, cremation, or removal, Which?) WRITE ASE PLE

AUG 18 1948

BUREAU V. S.

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2411 N. Charles St., Baltimore

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DTICICATE OF DEATH

E. Dist. No. JOJ

1. PLACE OF DEATH: 6 County County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
(If outside city of town limits, write RURAL and give nearest town) How long 2 above place of death?	City or town Lengtes form
How long is salve piece of parties. Hoepital, Institution, or elevet address where death occurred:	Street No
Now long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Eugene Oden	3. (b) Social Security Number
4. See M. S. Caler ar rada 6.(a) Singla, married, widowed, or divorced windowed.	MEDICAL CERTIFICATION 20, DATE DE DEATH 20, DATE DE DE DE DEATH 20, DATE DE DE DEATH 20, DATE DE
G.(b) Home of hysband or wife	21. I CERTIFY that death occurred on the one above atated: that t attended deceased from
7. Birth date of deceased (me., day, yr.) On 24 1870	and that I tast and holomoralive on Cluy 13. 1948 Immediate cause of death DURATION
8. AGE: Years Monthe Daye It less than one day 28 3 20	
9. Brithplace Walfaville Med ATOWN, county, and state)	Due to
10. Usual occupation Returns Sheet metal worker	Due to
11. Industry or business	Other conditions
113. Birthplace	(Include pregnancy within 3 months of death) Major fieldings of operations.
15, Birthplace unknown	
18. Informant Duiles B Zemmerman	Actorsy resolts
Address Surgles and Date thereot. (month) (day) (west)	22. VtOLENCE; tt death was due to external causea, till in the following; Accident, aulcide, or homicide
(Burial, cremation, or removal. Which?) Cemetery or erematory	Whera did Injury occur?
Location Singlestoron Gennywania	trijured at home, farm, tndustry, public place (where?) Magna ot Injury tnjured at work?
18. Funeral director. A March The March Care S	Anil O Color in
Address Hagestown marganes	23. SIGNATURE A AUG TO M. D. or other Address Clear Apring Mapate signed signed 1.7, 17.

AUG 31 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

Dr. Keadle

correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The case especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

CERTIFICAT	E OF DEATH Reg. Diat. No. 302
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland. County. Washington City or town. Hagers town (if outside city or town limits, write RURAL and give nearest town) Street No. 338 Liberty St. (If rural, give LOCATION) 2.(a) If veteran, name war. None
3. (a) FULL NAME	3. (b) Social Security Number
MRS CLARA POFFENBERGER	None
4. Ssx 5. Color or race 8.(a) Single, married, widowed, or divorced Fenale White Widow	MEDICAL CERTIFICATION 20. DATE OF DEATH. Queguet 15 19.48 at 3:358
8.(b) Name of husband or wife William 6.(c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated: that I attended deceased to the state of the stat
deceased (mo., day, yr.) March 31 1854	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	48-72
94 4 14 hrs. mla. 9. Birthplace Boonsboro Wash. co. Md. (Town, county, and state) 10. Usual occupation. 11. Industry or business Own Home 12. Name. William Cleland 13. Birthplace Bunker Hill W. Va. 14. Maiden name. Malinda Fritz 15. Sirthplace Boonsboro Md. 16. Informant Mrs. Effic Hoffman Address Hagerstown Md. 17. Burial (Burial cremation or removal Which?) (Burial cremation or removal Which?) 18. Burial (Gurial cremation or removal Which?) 19. Burial (Gurial cremation or removal Which?)	Due to
17 Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (Control (day) (year)	Accident, suicide, or homicide
Commelery or crematory Rose Hill Cemetery	Where did injury occur?
Location Hagerstown Md.	lajured at home, farm, industry, public place (where?)
18. Funeral director. Andrew K. Coffman Address Hagerstown Md. 19. Mag. 16, 19. 48 Chast Jower (Date rec'd by registrar) Registrar	Means of Injury Injured at work? 23. SIGNATURE. Robert 7. Leadle M. D. or other Address. 132 W. Wash 5. Date signed. 8-15-48
	reserved the

AUG 18 1948

BUREAU V. S.

CERTIFICATE OF DEATH

The correct age

VUNFADING INK. Supply every item of information carefully ortant. Physicians: please write the causes of death clearly and

WRITE PLAINLY, is especially

PLEASE

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MARGIN RESERVED FOR BINDING

			C75.
Reg.	Diat.	No.	00

1. PLACE OF DEATHWashington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Hegenstown	State Md. County Washington			
City or town	City or town. Hagers town (If outside city or town limits, write RURAL and give nearest town) Sireel No. (If rurs), give LOCATION)			
How long in hospital or institution?	2.(a) if veteran, name war.			
3. (a) FULL NAME Homer Clayton Rager	3. (b) Social Security Number 214-09-1737			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 27 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -			
6.(b) Name of husband or wife Daisy Rager 6.(c) If alive, give age 49 years	21. I CERTIFY that death occurred on the date above stated; that I attended daceased from			
deceased (mo., day, yr.) June 22, 1895	Immediate vause of death DURATION			
8. AGE: Years Months Days If less than one day 53 2 5hrsmin.				
9. Birthplace	Due to			
Phillip Rager 12. Name Phillip Rager Johnstown, Penna.	Other conditions			
14. Maiden name Rose Rhodes 15. Birthplace Johnstown, Penna. 18. Intermani Mrs. Daisy Rager	(Include pregnancy within 3 months of death) Major findings of operations.			
18 Intermani Mrs. Daisy Rager	Date of op.			
18. Intermani Hars. Dailsy Rager Address Hagerstown, Md.	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.			
burial Date thereof 9-31-48 (Burial, cremation, or removal, Which?) Cemeiery or crematory. Date thereof (month) (day) (year) Cemetery	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide			
Location Hagerstown, Md.	Injured at home, farm, industry, public place (where?)			
16. Funeral director Scott F. Minnich & Son	Mesons of Injury Injured at work?			
Address Hagerstown, Md. 19. Address Hagerstown, Md. 19. Address Hagerstown, Md. 19. Address Registrar)	23. SIGNATURE M. D. O. D. D. O. D. D. D. O. D.			



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Dist. No. 302

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) Washington

(If outside city or town limits, write RURAL and give nearest town Years

Hospital, institution, or street address where death occurred: 2422 Virginia Ave

How long in hospital or institution?.

3. (a) FULL NAME

PERCY DOYLE RHODES

5. Color or race 6.(a) Single, married, widowed, or divorced 4. Sex

Male Whate Married

Bertha Brewer 6.(b) Name of husband or wife

6.(c) it alive, give age 64 years

January 31 1881 deceased (mo., day, yr.) It less than one day

Days Months 8 AGE: 67

Clear Springs Wash. Co. Md.

(Town, county, and state) Maintenance Dept. In Usual occupation.....

Fairchlid Air craft 11. Industry or business Dallas phodes

12. Name....... 12. Name..... Clear Spring Md.

Sophia Moore

Clear Spring Md. 15. Dirthplace

16 Informant Mrs. Bertha B. Rhodes Hagerstown Md.

Burial Date thereof (Burial, cremation, or removal, Which?)

St. pauls cemetery locationear Clearspring Md.

18. Funeral director Andrew K. Coffman Hagerstown Md. Address

(Date rec'd by registrar)

23. SIGNATUR

Masns of injury

8/14/48 (month) (day) (year)

State Maryland County Washington City or town (If outside city or town limits, write RURAL and give nearest town)

2422 Virginia Ave

(If rural, give LOCATION) None

3. (b) Social Security Number

220-10-3878 MEDICAL CERTIFICATION

August 11 1948 ... 5.45

21. I CERTIEY that death occurred on the date above stated; that Lattended deceased from une 1948 10 lever 11

Immediate suse of death DURATION

5 hrs

Uhrandon Ocotal 21/2 mo and 900

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing:

Accident, suicide, or homicide.....

Where did injury occur?(City or town)

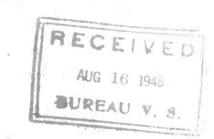
Injured at home, tarm, industry, public place (where?)

Injured at work?

PLAINLY is especial

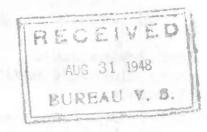
information carefully. The of death clearly and legibly

item of i



MARYLAND STATE DEPARTMENT OF HEALTH 08737 2411 N. Charles St., Baltimore Reg. Dist. No. 386 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1 PLACE OF DEATH: (For newborn infants give residence of mother) County Washington : State Maryland County Washington City or town Blue Ridge Summit, Panna (If outside city or town limits, write RURAL and give nearest town) Blue Ridge Summit Penna.
(If outside city or town limits, write RURAL and give nearest town) information carefully of death clearly and How long in above place of death? 26 years Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or Institution?..... 3. (a) FULL NAME 3. (b) Social Security Number None Frances Noble Rock MEDICAL CERTIFICATION item of i Married 20. DATE OF DEATH CONG. White Female 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 6.(b) Name of husband or wife Daniel Hill Rock 10. aug 2 4 10 6.(c) If alive, give age 64 yr are and that I tast sow h exmalive on any 22 wd deceased (mo., day, yr.) June 10. 1880 Supply e It less than one day 8. AGE: 14 68 d 9. Birthplace Water Side, Pennsylvania (Town, county, and state) 10. Usual occupation Housewife mosufficienes 11. Industry or business 12. Name John Irvine Noble
13. Birthplace Water Side , Pennsylvania 12. Name John Irvine Noble (Include pregnancy within 3 months of death) 14. Malden name Nancy Carper 15. Birthplace Water Side Pennsylvania 14 Maiden name Nancy Carper Major findings of operations..... PLAINLY, is especially PHYSICIAN: Please underline the cause to which death should be charged statistically. Address Blue Ridge Summit. Pennsylvania 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof August 27 1948 (month) (day) (year) 17. Burial (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... Where did Injury occur?(City or town) Cemetery or crematory Union Cemetery Location Fairfield. Penna. Injured at home, tarm, Industry, public place (where?) tnjured at work? Means of Injury illum Fairfield. Penna.

(Date pec'd by registrar)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Chartea St., Baltimore

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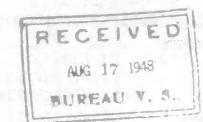
CERTIFICATE OF DEATH

Reg. Diat. No. 302

1. PLACE OF DEATH: Wash	ington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Stats			
City or town Hagerstow	n Maryland n limits, write RURAL and give nearest town)				
Now tong in above place of death?	ife ors death occurred: erry Street	City or town. Hagerstown (If outside city or town limits, write RURAL and give near Street No. 438 North Mulberry Street (If rural, give LOCATION)	est town)		
Now long in hospitat or institution?		2.(a) If veteran, name war			
3. (a) FULL NAME	b Savles	3. (b) Social Security N	umber		
4. Sax 5. Calor or race	8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male White	Widower	2D. DATE DF DEATH	at 445A		
B.(b) Name of husband or wife	ennie Sayles	21. I CERTIFY that death occurred on the date above stated; that I attended daceas	sed trom		
7. Birth data of deceased (mo., day, yr.) June		and that I last eaw h. Canalive on			
8. AGE: Years Months 91 2	Daye If leee than ooe day	Immediate cause of death Congreshive Arart Failure	about 3		
Hegerstow	n, Wash. Co. Md.	Due to asterio selevotio Carlio moule			
	wn, county, and atate) d Policeman	disesse	Un kuon		
10. Vaust occupation		Due to Serveralized as tenoselevous	TEAST		
	yles wn'. Marvland	Dthar conditions	Mu kun		
型 14. Maidan name Kath	erine Miller	(Include pregnancy within 3 months of death) Major fiudiugs of uperations			
15. Birthplace Hagerst	Own, Maryland	Date of op.			
Address Hagersto	llian Rudy	Autopsy results			
	Date thereof 8-15-48 (month) (day) (year)	22. VtOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide	•==••		
	Hill Cemetery	Whera did injury occur?(City or town) (County)			
Location Hagerstow	n, Maryland	Injured at home, tarm, industry, public place (where?)			
18. Funeral director C . M. S	uter & Sons		6		
Address Hagerstow	n, Maryland	23. SIGRATURE JohneSt Storn banks	h. 77.		
19. (Date ree's by registrar)	8 Phastylower	154 w. washingtonds. M.D.	113/48		

MARGIN RESERVED FOR BINDING

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FOR BINDING

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DURATION

CERTIFICATE OF DEATH

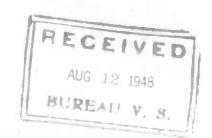
Reg. Diat. No.

I. PLACE OF DEATH Washington County Hagers town City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 36 years Hospital, Institution, or street address where death occurred: Washington County Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Washington Hagers to wn (If outside city or town limits, write RURAL and give nearest town) Street No. 60 E. Fanklin St.				
How long in hospital or institution? 4 days	(If rural, give LOCATION)				
3. (a) FULL NAME	3. (b) Social Securit	ty Number			
Wayne A. Sellman	220-10-30	11			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Married	MEDICAL CERTIFICATION August 4 48	3 ,11:1			
6.(b) Name of husband or wife Frances L. Sellman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from				
7. Birth date of deceased (mo., day, yr.) XXX November 1, 1911	and that I last saw h. A. S. alive on				
8. AGE: Years Months Days If less than one day 36 9 3min.		?			
9. Birthplace Hagerstown Wash. Md.	Oue to chr. glomerular nephritis	10y			
1D. Usual occupation (Town, county, and atate) Detective	coronary occlusion	123			
11. Industry or business Hag. Folice Bept.	cirrhosis of liver	5mo			
Yilliam A. Sellman 12. Name William A. Sellman 13. Birthplace Mt. Airy Md.	Dither conditions P due to C.P.C) Pleural effusion (R) (Include pregnancy within 3 months of death) Acute ventricultar fibrillation Major findings of operations				
14. Maiden name Maude Beck 15. Birthplace Hagerstown Md.					
16, Informant Mrs. Frances Sellman	Autopsy results. D.O. PHYSICIAN: Please underline the cause to which death should be charged statistically.				
Address Hagerstown Md. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Rose Hill Cemetery	22. VIOLENCE: the death was due to external causes, till in the tollowing; Accident, suicide, or homicide	(State)			
Location Hagers town Md.					
18. Funeral director. Scott F. Minnich & Son Hagerstown Md.	Massas of Injury Injured at work? 23. SIGNATURE Robert Wells 22.	1D			
Address 14 Ada Att 3. 1900	23. SIGNEY : 14 JULY . M. SELES , M.	D or other			

AUG 11, 1948

BUREAU V. S.

Dr. Hornbaker MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 302 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Washington (For newhorn infants give residence of mother) Maryland county Washington City or town. (If outside city or town limits, write RURAL and give nearest town) City or town (If outside city or town limits, write RURAL and give nearest town) information carefully of death clearly and How long in above place of death? 26 Years Hospital, Institution, or street address where death occurred: Street No. 1801 Virginia Ave. 1801 Virginia Ave. (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MRS SUSAN CATHERINE SHEWERIDGE None 5. Color of race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION item of i Female White Widowed 20 DATE OF DEATH AUgust 8 19 48 at 9 A M 5.(b) Name of husband or wife Williard F. Shewbridge 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 7-1-19.48 6.(c) If alive, give age years and that I last saw h. et alive on 7-28,9 48 December 23, 1860 deceased (mo., day, yr.) DURATION It less than one day 8. AGE: Years 87 9. Birthplace Keedysville Washington Co. (Town, county, and state) 10. Usual occupation Housewife Own Home 11. Industry or business Calvin C. Valentine Myersville Md. 13. Birthplace (Include pregnancy within 3 months of death) Mary Ann Gouff 15. Birthplace Rohersville, Md. Mrs Fred Ludwig PHYSICIAN: Please underline the cause to which death should be charged statistically. Hagerstown Md. 22. VIOLENCE: It death was due to external causes, till in the tollowing; Date thereot. 8/10/48 (month) (day) (year) (Burial, cremation, or removal, Which?) Accident, suicide, or homicide..... Where did injury occur?(City or town) Cemetery or crematory Harpers Cemetery Harpers Ferry Wast Virginia Injured at home, tarm, industry, public place (where?) Meens of Injury 18. Funeral director. Andrew K. coffman Address Hagerstown Md. 回 15 of W. Washington dt-Address Itagus to wee had Date (Date rec'd by registrar)



or you will be the second of the second

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother) Hospital institution, or street address where death occurred: ion caref How long to hospital or institution?..... death 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 5. Cotor or race MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from 19 48 10 Quant 8 7. Birth date of deceased (mo., day, yr.) K. Supply please wri 8. AGE: Months (Town, county, und atate) 10. Usual occupation..... 11. Industry or business 14. Maiden name 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide..... (City or town) (County) PLEASE WRIT Injured at home, farm, Industry, public place (where?) Means of Injury (Date real by registrar) Registrar

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother)
Mashington County Hagerstown Md.	State Maryland county Washington
(If outside city or town limits, write RURAL and give nearest town)	
low long in above place of death? 3 dauge	City or town. Clears pring Mary and Present town)
Nospitai, institution, or street address where death occurred: Washington County Hospital	Street No. Clearspring Md. RFD #2
Now long In hospital or institution? 900 ays	(11 roral, give LOCATION) 2.(a) If veteran, name war. None
Jacklin Lovone Shoemaker	3. (b) Social Security Number None
Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Baby	20. DATE DF DEATH 19 august 19 4 10: 35 P
6.(b) Name of husband or wifeBaby	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	15 august 19.4.8, to 1.9 august 19.4.8
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
1 2hrsmin.	Congerital Hydrosephalus
	· IMON!
9. Birthpiace Classific Quarter and state	Due to
to, Usual occupation Baby	01.
11. Industry or business	Vue to.
Il Name Jessie Shoemaker	Other conditions
13. Birthplace Handcock Maryland	Viid Silensia
14. Maiden name Dorothy Mummert	(Include pregnancy within 3 months of death)
Closmanning Manuel	Major findings of operations.
ts. Birthplace Clearspring Maryland	Date of op.
16. Informant Mrs. Dorothy Mummert Shoemaker	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Clearspring Maryland kFD #2	22. VIOLENCE: Theeath was due to external causes, fill in the following;
Burial Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) Cemetery or crematory. St. Pauls Cemetery	Where did injury occur? (City On town) (County) (State)
Location Near Clearspring Md.	Injured at home, farm, Industry, public place (where?)
1B. Funeral director. Edith V. Leaf	Meens of injury Injured at work?
Address #7 Church St. Williamsport, Md.	23. SIGNATURE Exact 2. Land M. P.
and In Charth Bank	M. D. or other
19. (Date rec'd by registrar) Registrar	Address Wach. Co. Hospitel Date signed 8/20/4.

ARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY



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08743

CERTIFICATE OF DEATH

307

	CERTIFICAT	L OF DEATH Reg. Dist. No.
	1. PLACE OF DEATH: County A County of the C	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
	3. (a) FULL NAME arma M. Shrader	3. (b) Social Security Number
	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Fremale White Widow	MEDICAL CERTIFICATION 20. DATE DF DEATH 20. DATE DF DEATH 20. DATE DF DEATH
	6.(b) Name of husband or wifa	21I CERTIFY that death occurred on the date above stated; that Lattended deceased from 1800 120 1800 1800 1800 1800 1800 1800
	8. AGE: Years Months Days If less than one day 77 4 26 hrs. min. 9. Birthplace Translation Co. Roll (Town, county, and state) 11. Industry or business 12. Name Judgett 1. Reely 13. Birthplace Frankling Co. Poo	Due to
	14. Malden name Maria Plessamus 15. Birthplace Weshington Co. 246 16. Informant M.S. Jahn R. Keply Address (a20 M. Mulberry St. Sagrafeure, M. 17. Burief (Buriel, cremation, or removal, Which?) 18. Maria (remation, or removal, Which?)	(Include pregnancy within 3 months of death) Major findings of operations
	(Burial, cremation, or removal, Which?) Cemetery or crematory. Cellar, This Cerulary Location The Control of	Accident, suicide, or homicide
)	Address Hagustown Md. 19. (Date ref'd by registrar) (Date ref'd by registrar) Registrar	23. SIGNATURE W. Howard God M. D. or other M. D. or other Address Date signed Lings 4. 48

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrise especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 9-45-15M

PLEASE



AUG 17 1948

RUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 1. PLACE OF DEATH: County Washington Hagerstown (If outside city or town limita, write RURAL and give nearest town) information carefully of death clearly and 18 Years Nospital, instilution, or street address where death occurred: 422 Summit Avel How long in hospital or institution?. 3. (a) FULL NAME

5. Color or race

Female

White

MRS EMMA KATHER SPRECHER

Widow

6.(a) Single, married, widowed, or divorced

Dr. Earl Young Reg. Dist. No. 302

2. USUAL PESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Washington Maryland Hagerstown (If outside city or town limits, write RURAL and give nearest town) 422 Summit Ave.

(If rural, give LOCATION) None

> 3. (b) Social Security Number None MEDICAL CERTIFICATION

20. DATE OF DEATH August 4 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Major findings of operations.....

Where did Injury occur?

22. VIOLENCE: If death was due to external causes, fill in the following:

(City or town) Injured at home, tarm, industry, public place (where?)

Means of Injury

especially PLAINLY, is especially E WRIT

item (

Supply e

William H. Sprecher .. 6.(c) If alive, give age 7. Birth date of February4, 1867 deceased (mo., day, yr.) Years Months If less than one day 8. AGE: 81 Cearfoss, Washington (Town, county, and etate) House Wife 10. Usual occupation.... Own Home tt. Industry or business 12. Name...... 13. Birthplace Joseph E. Neibert Hagerstown 10. 14. Maiden nar 15. Birthplace 14. Maiden name Marie Alice Horine Hagerstown Md. Mrs. Charles Alvord t6. Informant...... Hagerstown Md. Date thereof 8/6/48 Bruial (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Rose Hill Cametery Location Hagerstown Md. 18. Funeral director Andrew K. Coff man Hagerstown Md. (Date rec'd by registrar) Registrar

AUG 7 1948 BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

08745

1. PLACE OF DEATH: Cousty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Coucty Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)			
Now long in above place at death? Nospitat, Institution, or streat address where death occurred: 32 South Potomac Street Now long in hospitat or institution?	Street No. 32 South P	otomac Street	arest town)	
3.(a) FULL NAME Alvin P. Stauffer		3. (b) Social Security NONE	Number	
4. Ser S. Celer or race S. (a) Single, married, widowed, or divorced Male White Married		AL CERTIFICATION 9, 19,44.8	at 4:30	
6.(b) Name of husband or wits Lizzie H. Stauffer 6.(c) It alive, give age 82 years 7. Skrib date of deceased (me., day, yr.) December 27, 1856	Club 1	e date above stated; that I attended dec	9.4	
8. AGE: Years Moethe Days If less than one day 91 7 7	Glandigh art	nio-selvona	715	
9. Siribpiace Goodsville Lancaster Co. Pa. (Town, county, and state) 10. Ususi occupation Doctor of Medicine 11. industry or business	Due to.			
12. Name Isaac W. Stauffer 13. Birthsisce Lancaster, Pa.	Other conditions			
14. Maidsn name Evaline Kurtz 15. Birthelists Lancaster, Pa.	Major findings of operations	Date of op.		
18. Informest Mrs. Alvin P. Stauffer Address Hagerstown, Maryland	Autopsy results	use to which death should be charged		
11. Cremation 12. Cremation 13. Cremation or removal. Which?) (Bluckel cremation or removal. Which?) (Bluckel cremation or removal. Which?)	22. VIOLENCE: If death was due to a: Accident, suicide, or homicide,			
Cemetery or crematory Rose Hill Cemetery Hagerstown, Maryland		place (where?)		
19. Funeral director C. M. Suter & Sons Hagerstown, Maryland	DI	01		

(Date rec's by registrar)

AUG 6 1948 BUREAU V S.

08740

1. PLACE OF DEA	TH:		2. USUAL RESIDENCE (H	HOME) OF DECEASED:		
		on	Maryland	County Washington		
	ot death?4	nits, write RURAL and give nearest town)years death occurred:	City or town	City or town Keedvsville		
How long in hospital or	Institution?		2.(a) It veteran, name war			
3. (a) FULL NAME		beth Stevens		3. (b) Social Security Number None		
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	ME	DICAL CERTIFICATION		
Female	White	Married	20, DATE DF DEATH	Aug. 20 19.48 at 11:		
6.(b) Name of husband of 7. Birth date of deceased (mo., day, ye	. March	ence Cook Stevens	years and that I last saw h L.N. ally	d on the date above stated; that lattended deceased from 19/0 to Alffa 18 re on 19 DUR		
8. AGE: Years 63	Months 5	Bays If less than one day 6hrs.	(erepral	Lemperhage. 84		
9. BirthplaceMe	***	Franklin-Penna eounty, and state) Duites	VV INCYLON	ision Jus		
1t. Industry or business						
F	Unkr	nwo				
	19			nancy within 3 months of death)		
14. Malden name 15. Birthplace	11		Major findings of operations	Date of op.		
	rence C. S	Stevens	Antopsy results.	nl.		
	dysville.		PHYSICIAN: Please underline	the cause to which death should be charged statistical		
17 Burial (Burial, cremstion,				ue to external causes, fill in the following;		
		Paul		(City or town) (County) (State)		
Location W	estern Pil	teRoute 40	tnjured at home, tarm, Industry,	public place (where?)		
ts. Funeral director	R. I. Earr	ns.ha.w	Means of Injury	Injured at work?		
	Keedys vill		nra A	to 14. Sheary Mi		
			23. SIGNATURE	10/13/0- 1/01		



3 May 12 . 114

By Terrette

2411 N. Charles St., Baltimore

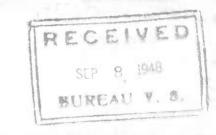
9400

08747

CERTIFICATE OF DEATH

300

			. DIEC. 110	
1. PLACE OF DEATH: Washington		2. USUAL RESIDENCE (HOME) OF DECEA	ASED:	
Hogenstown		state Maryland county Washington		
How long in above place of death?	leath occurred: ty Hospital	City or town. Rural - Williams port. (If outside city or town limits, write RURAL and give nearest town) RFD #I WILLIAMS port		
3. (a) FULL NAME		3. (b)	Social Security Number	
Roy James	Stout		None	
4. Sex 5. Color or race White	6.(a)Single, married, widower, or divorced Single	MEDICAL CERTIF 20. DATE OF DEATH. 9 3 4 4	ICATION 19	
6.(b) Name of husband or wife		21. I CERTIFY that death occurred on the date above stated:	that Latte ded deceased from 6	
8. AGE: Years Months 61 3	Bays If less than one day 2hrsmln.	Immediate cause of death Draugny	3 Day.	
1D. Usual occupation. Farmer 11. Industry or business Farming	1	Due to		
12. Name Otho J. Sto.	ow ·	Dther conditions		
Rebecca 14. Malden name Rebecca 15. Birthplace Do not kn	***************************************	(Include pregnancy within 3 months of		
16. Informant Williams port	Cunningham	Autupsy results. PHYSICIAN: Please underline the cause to which death		
17. Burial (Burial, cremation, or removal, Which?)	Date thereof Sept. 5, 1948 (month) (day) (year)	22, VIOLENCE: It death was due to external causes, till in Accident, suicide, or homicide	Date of	
Location Williamsport	, Md.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Edith V. Address Williams port		Means of Injury 23. SIGNATURE. 25. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	Injured at work?	
19. Seft 4. 1948. (Date ec'd by registrar)	Charle Bower	(- D) : Bung & A	Land Date signed H31/4	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

			CERTIFICA	ATE OF DEATH	Reg. Dia	at. No	302
City or town	shingtor gerstown side city or town l death? reet address where n County	n limits, write F 1 day death occurred y Henry	URAL and give nearest town) i: prist Hospital O minutes	State West Va. Charle (If outside city Washingt	county Jeffers Town or town limits, write RURAL ston Heights (If rural, give LOCATION)	and give near	rest town)
3. (a) FULL NAME	Frank	k (non	e) Walker		3. (b) Social 232-28		
Male	5. Color or race White		e, married, widowed, or divorced arried		oical certificat st 4, 1948		EDT TILD F
6.(b) Name of husband or 7. Birth date of deceased (mo., day, yr.)	• • • • • • • • • • • • • • • • • • • •	6.(1 Walker c) If alive, give age 59 yi	ars and that I lasf saw halive	f on fhe date above stated; that I a		19
8. AGE: Years 61	Months	Days	It less than one day		Coronary O		DURATION
10. Usual occupation 11. Industry or business 12. Name Ce 13. Birthplace B	Cashie: State A orge France erkeley	ABC Stancis Count	Walker y, West Va.	Due to			
16. Informant Mr	larke Co s. Maude	ounty, e S. M	Virginia Walker	Major findings of uperations	Date Defended to the cause to which death should	of op	
17 Burial (Burial, cremation, c	or removal. Which	Date ther	Vest Va. entAug. 6. 1948 (month) (day) (year) emetery	22. VIOLENCE: If death was due Accident, suicide, or homicide	e to external causes, fill in the folic	owing; afe of	
18. Funeral director	neliles Town	n, Wes	t Va.	Means of injury	walls wa		
11.10	- 1/9	7 49	antitanives	11		M. D.	The state of the s

AUG 9 1948

BUREAU V. S.

2411 N. Charles St., Baltimore

163B

2 USUAL RESIDENCE (HOME) OF DECEASED

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118	1	611	6
0.0	U	- 1	0.7

CERTIFICATE OF DEATH

Reg. Diat. No. 302

County Washington	(For newborn infants give residence of mother)			
	State Pennsvlvania County Franklin			
City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)				
How long in above place of death? 3 days	City or town. R.D.#1, Greencastle (If outside city or town limits, write RURAL and give nearest town)			
Hospital, institution, or street address where death occurred:	Street No.			
Washington County Hospital	(If rural, give LOCATION)			
How long in hospital or institution? 3 days	2.(a) It veteran, name war. non-vet			
3. (a) FULL NAME	3. (b) Social Security Number			
JAMES H. C. WELLER	183-10-2231			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION			
Male White Widowed	20. DATE OF DEATH. aug 29-46 22 11			
Hilda	21. I CERTIFY that death occurred on the date above stated; thet I attended deceased from			
6.(b) Name of husband or wife	eng 2, 5-4/1 19 Cong 24-4/19			
7. Birth date of	and that I last saw h A have of Carry & 9-4/10 19			
deceased (mo., day, yr.) May 1, 1893	Immediate Cause of death			
8. AGE: Years Months Days It less than ooe day	A.			
55 3 28hrsmin.	J. Presoner Ty.			
	Re-Lines 5cm			
9. Birthplace Mercersburg, Franklin Co Pa.	Due to State of Sustinue			
1D. Usual occupation. Handy man				
	Due to			
11. Industry or business Bakery				
質 12. Name Joseph Weller	Other conditions			
12. Name Joseph Weller 13. Birthplace Mercersburg, Pa.				
	(Include pregnancy within 3 months of death)			
	Major findings of operations			
15. Birthplace	Date of op.			
16. Informant Miss Carrie	Autopsy results			
	PHYSICIAN: Please auderline the cause to which death should be charged statistically.			
Address Greencastle, Pa.	22, VIOLENCE: It death was due to external causes, till in the tollowing:			
Burial Bate thereof 9/1/48 (month) (day) (year)				
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide. La			
Cemetery or crematory Browns Mill				
Location Franklin Co., Pa.	Injured at home, farm, Industry, public place (where?)			
18. Funeral director. A. E. Minnich	Meens of Injury Injured at work?			
Address Greencastle, Pa.	1 SW Ditto Jackery			
a 10 alles mass	23. SIGNATURE			
19. Cleeg. 30. 1948 phay7, Looks	Marcather and 8/30/			
(Date recd by registrar) Registrar	Address			

UNFADING INK. Supply every item of information carefully ant. Physicians: please write the causes of death clearly and

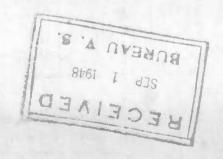
important.

PLEASE WRITE PLAINLY, is especially

A15

FOR

MARGIN RESERVED



DURATION

AUG 11 1948

BUREAU V. S.

A15 VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDETICIONE OF DEARTH

CERTIFICA	IE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Was hunglar City or town Ages town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Was hunglar to be leave to the law of the law o	2. USUAL RESIDENCE (HOME) OF DECEASED: (For flowborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Melancton Santee William	
4. Sex 5. Color or race, 6.(a) Single, married, widowed, or divorced Make White married	MEDICAL CERTIFICATION 2D. DATE OF DEATH
6.(b) Name of husband or wife Level Mullianus 6.(c) If alive, give age 6.6. years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
deceased (mo., day, yr.) / / / / 5 . /886	Immediate cause of death
8. AGE: Years Months Days If less than one day	Meningest (sub-crackworld) hem-
9. Birthplace Washingto Co me (Tom, county, and state)	Due to Due to
10. Usual occupation	Due to
12. Name Williams 13. Birthplace	Other conditions arterio - scleratio; heart disease hypoteneire was
14. Malden name Received 15. Birthplace 2 MA	(Include pregnancy within 3 rouths of death) Major findings of operations.
16. Informant Williams	Autopsy results Arackens to which death should be charged statistically
17. (Burial, cremation, or removed Which?) Date thereo (ay) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Celar Hell	Where did injury occur?
Location	Meane of Injury Injured at work?
18. Funeral director Freenewalth R	23, SIGNATURE RS Stauffu - 24. D.
19. Outered by registrar) 19. (Date red by registrar) Registrar	M. D. or other 5, 1948

AUG 19 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Bowman

CEPTIFICATE OF DEATH

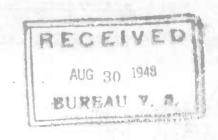
			CERTIFIC	ATE OF DEATH		Reg. Diat. No	J V 4
1. PLACE OF D				2. USUAL RESIDENCE (H (For newborn infants give	OME) OF residence of m	DECEASED:	
		37 2 2	Coun	w. Washingt	on		
City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Day			Hararet	City or town Hagers town (If outside city or town limits, write RURAL and give nearest town)			
Mospital, Institution,	or street address where t	leath occurred:		sum vo 15 Gree	Street No. 15 Greenfield Rd.		
Washington Co. Hosp.				(If rural, give LOCATION)			
How long in hospital	or Institution?	day	·	2.(a) If veteran, name war	None		
3. (a) FULL NA						3. (b) Social Security	Number
		of	D Earl Wolf	Jr.		None	
4. Sex	5. Color or race	6.(a)Single,	married, widowed, or divorced	MED	ICAL CE	RTIFICATION	
M	AA	S:	i ngle	20. DATE OF DEATHAllell	e+ 25	10 / 8	1 1 OB
				21. 1 CERTIFY that death opcurred o			
6.(b) Name of husba	nd or wife			21. I CENTIFY that death opcurred to	on the mate abov	e stated; that I attended dec	- 5 10 48
		6.(c)	If alive, give age	years and that I last saw h	19.7.	8 /2 5	45
7. Birth date of deceased (mo., da		24 194		and that I last saw h			
	ars Months	Days	If less than one day	Immediate cause of death	1		. DURATION
,		2	hrs.	min	ino	***************************************	•••
**	0 1 0	0 3			-		
9. Birthplace Hag. Wash. Co. Md. (Town, county, and state)			Due to	ily			

			*****	Due fo.			
11. Industry or bush						***************************************	
12. Name	D Earl Wol	f Jr.		Other conditions			
13. Birthplace Hagerstown Maryland							
E 14. Malden name Gladys Hendricks				(Include pregnoncy within 3 months of death)			
HIO 14. Maiden man	Wooh too t	- D	^	Major fiediogs of operations			
14. Matter name Gladys Hendricks 15. Birthplace Washington, D. C. 16. Informant D Earl Wolf Jr.					Date of op		
16. Informant J	D Earl Wol	f Jr.		Autopsy results ateles			
Address 15	Greenfiel	d Rd.	Hagerstown	PHYSICIAN: Please underline the			statistically.
17. Bu:	rial ion, or removal. Which?)	Date thereo	(month) (day) (year)	4.8 Accident, suicide, or homicide			
Cemetery or crematory Rose Hi 11 Cematery							
. 1	agertai		marylano	/			
			man	Means of Injury		Injured at work?	
	Hagerstow		vland	5		3	1
0		. //	y Leading	23. SIGNATURE	7	M. D.	or other
19. aug	27. 19.48 registrar)	pu	WHI JOW	7/			
(Date rec'd by	registrar)	6	Regis	stror Address / 2 52004		Md Oate signed	

RESERVED FOR BINDING

PLAINLY, V

PLEASE WRITE



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			2	- 4
Reg.	Diat.	No	20	2

DURATION

1. PLACE OF DEAT	н.		2. USUAL RESIDEN	CE (HOME) 01	F DECEASED:	
County Washington			(For newborn inf	ants give residence of a	mother)	
City or town. (If outside city or town limits, write RURAL and give nearest town)			State Maryland county Washington			
(If outs	ide city or town limi	ts, write RURAL and give nearest town)	City or town 223 Vermont St. Williamspor. (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of	death? 24	Hours	(If out	side city or town limits	, write RURAL and give ne	arest town)
Hospital, Institution, or str	eet address where dea	ath occurred:	Street No			
		y Hospital				
How long in hospital or institution? 24 Hours			2.(a) If veteran, name war			
3. (a) FULL NAME					3. (b) Social Security	Number
Charl	es Percy	Zimerly		the first of the Au	228-16-1	963
4. Sex 5	. Color or race	6.(a)Single, married, widowed, or divorced			ERTIFICATION	
Male	White	Single	ON DATE OF DEATH	8/18/4	P 19	3.9.2
					ve stated; that Lattended dec	
6.(b) Name of husband or	wife		2//	SF4P 19	a softe	4
	••••	6.(c) If alive, give ageyears	. / !	Mealive An	V. Atilly	
7. Birth date of deceased (mo., day, yr.)	May II	I884 /		/ 1		
8. AGE: Years		Days If less than one day			6	
64 2 7hrsmin.			lingo		Wereare	6
	147 7 41 41 1	1				
9. Birthplace	(Town, co	Washington Md.				***************************************
10 Houst securation	Labor			•••••		
	Labor	•,	Due to		***************************************	
1t. Industry or business	hn A Zim	erly			***************************************	
12. Name JO 13. Birthplace Gu	mhomlend	Va	Dther conditions		••••••	***************************************
1 13. Birthplace	mbertand	M(L)	(Includ	le pregnancy within 3 r	nonths of death)	
14. Maiden name Annie M Long. 15. Birthplace Williamsport Md.			Major findings of operations			
Address 223 Vermont . Williamsportt			PHYSICIAN: Please un	derline the cause to wh	hich death should be charged	l statistically
			22. VIOLENCE: If deat			
Burial, cremation, o	8.1	Date thereof Aug 2I 1948. (month) (day) (year)	Accident, suicide, or hom	nlclde	Date of	
(Burial, cremation, or removal, Which) Cemetery or cremation. Riverview				(City or town)	(County)	454-4-V
					here?)	
Location	illiamsp	ort Md.		innerty, bubic blace (wi	Injured at work?	
18. Funeral director	Tdith V	Leaf.	Meens of injury		mjureu at work?	
	Williams		, (1.7	(10000	
- 0		100 110	23, SIGNATURE		follyeg.	OF THEE
19. aug. 1	/9, 1948	- Most 19 amer	1 / · D). C C	X Y LID C	PIPA
(Date rec'd by regis	trar)	Registrat	Address	KILLUS	Oc. Y Wood signed	N/(

RESERVED

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ARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Address Manhaglen G. Hoop Date signed 31 ang 48

Reg. Dist. No.

1. PLACE OF DEATH?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
County WASHINGTON	Promis Eppathing
Cily or town	0-
	(If ontside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No. RIDGE AVE
WASHINGTON COUNTY HOSPITAL	Street No
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
HARVEY MELVIN ZIM	MERMAN THE
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
M W STABLE Deroced	20. DATE OF DEATH. 31 ang 19 48 at 8:45 AM
Hill Hand	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(b) Hame of husband or wife	1 8 and 19 4 8 to 3 1 ang 19 4 8
7. Birth date of deceased (mo., day, yr.) APRIL 5 1883	and that t last saw h. 1.42 alive on 3.6 am 19. 5.5
8. AGE: Years Months Days If less than one day	Immediate cause of death
15 2 26	1. About
9. Birthplace Walsh Rum PENNA. (Town, county, and state)	Due to 11 emplings from Colonic 3 danger
1D. Usual occupation Taming	
0-10	Due to
11. Industry or business	and the state of t
# 12. Name Clacal Jimmerana	Dther conditions. Bereatly a trively of
X 13. Birthplace Welst Ofun	Benig protati hypetrophy
14 Maldan nama Mary Jamiasan	(include pregnancy within months of death)
E 17. maiveil liaine.	Major findings of operations.
15. Birthplace Middleburg Pa	Date of op.
16. Informant C & Junimerman	Autopsy results alive colities themologies
G-C/2 H-B	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Fleencaste	22. VIOLENCE: If death was due to external causes, till in the following;
17	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	· ·
Cemetery or crematory.	Where did injury occur?
Location near fremounts	Injured at home, farm, Industry, public place (where?)
P& MA.	Means of Injury Injured at work?
18. Funeral director	
Address Treentable, 14	s to p on p
and the state of	23. SIONATURE M. D. or other
(Date roc'd by registrar) Registrar	Address Halington G. Hoop Date signed 31 grang & &

SEP 2 1948

BUREAU V. S.